

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important.

STANDARD CERTIFICATE OF DEATH

37618

State File No. \_\_\_\_\_

DEC 13 1939

792  
1000

Registration District No. \_\_\_\_\_ Primary Registration District No. \_\_\_\_\_

Registrar's No. **9457**

**1. PLACE OF DEATH:**  
 (a) County 1  
 (b) City or town St. Louis, Missouri  
 (If outside city or town limits, write "RURAL" and name of township)  
 (c) Name of hospital or institution:  
City Hospital, #1  
 (If not in hospital or institution, write street number or location)  
 (d) Length of stay: In hospital or institution 6 Days  
 (Specify whether Life)  
 In this community \_\_\_\_\_  
 years, months or days

**2. USUAL RESIDENCE OF DECEASED:**  
 (a) State Missouri (b) County \_\_\_\_\_  
 (c) City or town St. Louis  
 (If outside city or town limits, write "RURAL")  
 (d) Street No. 1235 S. Vandeventer 18  
 (If rural, give location)  
 (e) If foreign born, how long in U. S. A. \_\_\_\_\_ years.

**3. (a) PRINT FULL NAME** Myrtle Young 570  
**8. (b) If veteran, name war** no **3. (c) Social Security No.** none

**MEDICAL CERTIFICATION**  
**20. DATE OF DEATH:** Month November, day 4, year 1939 hour 6:45 minute \_\_\_\_\_ A. M.

**4. Sex** F **5. Color of race** W **6. (a) Single, widowed, married, divorced** M  
**6. (b) Name of husband or wife** William C. **6. (c) Age of husband or wife if alive** 44 years  
**7. Birth date of deceased** March 13, 1905  
 (Month) (Day) (Year)

**21. I hereby certify that I attended the deceased from** October 30, 1939 to November 4, 1939  
 that I last saw h. or alive on November 4, 1939  
 and that death occurred on the date and hour stated above.

**8. AGE:** Years 34 Months 7 Days 21 If less than one day \_\_\_\_\_ hr. \_\_\_\_\_ min.

**Immediate cause of death** Chronic Nephritis  
 \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

**9. Birthplace** St. Louis, Mo  
 (City, town, or county) (State or foreign country)

**Due to** \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

**10. Usual occupation** Housewife

**Other conditions** \_\_\_\_\_  
 (Include pregnancy within 3 months of death)

**11. Industry or business** John Obrist  
**12. Name** Illinois  
**13. Birthplace** \_\_\_\_\_  
 (City, town, or county) (State or foreign country)

**Major findings:**  
 Of operations \_\_\_\_\_  
 Of autopsy \_\_\_\_\_  
**PHYSICIAN** \_\_\_\_\_  
 Underline the cause to which death should be charged statistically.

**MOTHER FATHER**  
**14. Maiden name** Mattie Duffy  
**15. Birthplace** St. Louis, Mo  
 (City, town, or county) (State or foreign country)

**22. If death was due to external causes, fill in the following:**  
 (a) Accident, suicide, or homicide (specify) \_\_\_\_\_  
 (b) Date of occurrence \_\_\_\_\_  
 (c) Where did injury occur? \_\_\_\_\_ (City or town) \_\_\_\_\_ (County) \_\_\_\_\_ (State)  
 (d) Did injury occur in or about home, on farm, in industrial place, in public place? \_\_\_\_\_

**16. (a) Informant's own signature** John Young  
**(b) Address** 1235 S. Vandeventer  
**17. (a) Burial** (b) Date thereof 11/6/39  
 (Burial, cremation, or removal) (Month) (Day) (Year)  
**(c) Place: burial or cremation** St. Matthews Cem

**While at work?** \_\_\_\_\_ (Specify type of place)  
**(e) Means of injury** \_\_\_\_\_

**18. (a) Signature of funeral director** P. W. McLaughlin  
**(b) Address** 2301 Lafayette Ave

**23. Signature** Geo. M. Peltz (M. D. or other)  
**Address** 1515 Lafayette, 11/6/39

**19. (a) 5 1939** (b) \_\_\_\_\_  
 (Date received local registrar) (Registrar's signature)

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**STATEMENT BY LICENSED EMBALMER**

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me, or by.....

....., Registered Apprentice No.....  
working under my personal supervision.

Signed Paul A. Keith

Licensed Embalmer No. 3612

P. O. Address 2317 Lafayette

**Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license.)**

**If this body is not embalmed, above space should be left blank.**