

Registration District No. 908

Primary Registration District No. 4549

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

Registrar's No. 4

**1. PLACE OF DEATH:**  
 (a) County: St. Louis  
 (b) City or town: St. Louis  
 (If outside city or town limits, write "RURAL" and name of township)  
 (c) Name of hospital or institution: 2  
 (If not in hospital or institution, write street number or location)  
 (d) Length of stay: In hospital or institution \_\_\_\_\_ (Specify whether \_\_\_\_\_)

In this community: \_\_\_\_\_ years, months or days  
 3. (a) PRINT FULL NAME: William Edward Young  
 3. (c) Social Security No.: 8  
 3. (b) If veteran, name war: \_\_\_\_\_

4. Sex: male race: white  
 5. Color or race: \_\_\_\_\_  
 6. (a) Name of husband or wife: Louise Young  
 6. (b) Name of husband or wife: \_\_\_\_\_  
 6. (c) Age of husband or wife if alive: 76 years  
 7. Birth date of deceased: Jan 14 1865  
 (Month) (Day) (Year)

8. AGE: Years 80 Months 0 Days 4  
 If less than one day \_\_\_\_\_ hr. \_\_\_\_\_ min.

9. Birthplace: Marion Ohio  
 (City, town, or county) (State or foreign country)

10. Usual occupation: Merchant (retail)

11. Industry or business: Merchandise

MOTHER FATHER  
 { 12. Name: Unknown  
 { 13. Birthplace: \_\_\_\_\_  
 { 14. Maiden name: Unknown  
 { 15. Birthplace: \_\_\_\_\_

16. (a) Informant: Mrs. Louise Young

(b) Address: Mrs. Young

17. (a) Burial (b) Date thereof: Jan 21 1940  
 (Burial, cremation, or removal) (Month) (Day) (Year)  
 (c) Place: burial or cremation: Hillcrest

18. (a) Signature of funeral director: \_\_\_\_\_

(b) Address: Mrs. Young

19. (a) 1-21-40 (b) Bernice Mattingly  
 (Date received local registrar) (Registrar's signature)

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

**MEDICAL CERTIFICATION**  
 20. DATE OF DEATH: Month Jan day 18  
 year 1940 hour 6 minute 45 P.M.

21. I hereby certify that I attended the deceased from Jan 14, 1940, to Jan 18, 1940  
 that I last saw him alive on \_\_\_\_\_, 19\_\_\_\_  
 and that death occurred on the date and hour stated above.

Immediate cause of death: Septic enteritis  
 Duration: 10 days

Due to: Indiscretion in diet

Due to: \_\_\_\_\_  
 Other conditions: Infermitis of age  
 (Include pregnancy within 3 months of death)

Major findings:  
 Of operations:   
 Of autopsy:  1200

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?

(Specify type of place)  
 While at work?  (c) Means of injury: \_\_\_\_\_  
 Signature: J. H. Frank M.D.  
 Date signed: 1-21-40

Signature: Mrs. Young  
 Date signed: \_\_\_\_\_

Duration  
 Physician  
 Underline the cause to which death should be charged statistically.

WRITE PLAINLY—USE UNFADING BLACK INK—MAKE A PERMANENT RECORD

2  
0-39  
-39  
21492

RECEIVED

District Health Officer No. 6,

District File Number 2410-510

Date Filed FEB 14 1940

**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 George J. Hoff

Licensed Embalmer No. 3164

P. O. Address 12th Street

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

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