

LED JAN 15 1941 91

Registration District No.

Primary Registration District No.

1003

Registrar's No.

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:  
5642 Maple Ave.  
(If not in hospital or institution, write street number or location)  
(d) Length of stay: In hospital or institution 2  
(Specify whether years, months or days)

8. (a) PRINT FULL NAME Sallie Lee Young.

3. (b) If veteran, name war None 8. (c) Social Security No. None

4. Sex Female 5. Color or race White 6. (a) Single, widowed, married, divorced Widowed

6. (b) Name of husband or wife George Young. 6. (c) Age of husband or wife if alive            years

7. Birth date of deceased October 12, 1864.  
(Month) (Day) (Year)

8. AGE: Years 76 Months 1 Days 29 If less than one day            hr.            min.

9. Birthplace St. Louis County, Missouri.  
(City, town, or county) (State or foreign country)

10. Usual occupation Housewife

11. Industry or business at home

12. Name Jacob Lash.

13. Birthplace Dont Know.  
(City, town, or county) (State or foreign country)

14. Maiden name Mary Jones.  
15. Birthplace St. Louis County, Missouri.  
(City, town, or county) (State or foreign country)

16. (a) Informant Mr. W. Raymond Young.  
(b) Address 5642 Maple Ave.

17. (a) Burial (b) Date thereof 12-13-1940  
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Mt. Lebanon Cemetery.

18. (a) Signature of funeral director Geo. L. Pleitsch Inc.

(b) Address 5966-68 Easton Ave.

19. (a) DEC 12 1940 (b) J. F. Bredich  
(Date received local registrar) (Registrar's signature)

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. 5642 Maple Ave.  
(If rural, give location)  
(e) If foreign born, how long in U. S. A.? Life years.

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month December day 11th.  
year 1940 hour 4 minute 55 A.M.

21. I hereby certify that I attended the deceased from Nov. 15  
1940 to Dec. 11, 1940  
that I last saw her alive on December 10, 1940  
and that death occurred on the date and hour stated above.

Immediate cause of death Apoplexy

Due to Hypertension

Due to           

Other conditions Broncho pneumonia  
(Include pregnancy within 3 months of death)

Major findings:  
Of operations           

Of autopsy           

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?  
          

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

23. Signature John S. Prie (M. D. or other) MD

Address 1492 Hadisment Date signed 12/11/40

Duration

7 weeks

4 days

PHYSICIAN

Underline the cause to which death should be charged statistically.

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

**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 3454

David C. Gibson, Registered Apprentice No. \_\_\_\_\_,  
working under my personal supervision.

Signed David C. Gibson

Licensed Embalmer No. 3454

P. O. Address 5966 Easton St. Hou

**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.**