

Registration District No. **791**

Primary Registration District No. **1003**

1. PLACE OF DEATH:

(a) County _____
(b) City or town **St. Louis**
(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 _____
(Specify whether _____)
In this community _____
years, months or days

3. (a) PRINT FULL NAME **ALVIN YOUNG**
3. (b) If veteran, name war **None**
3. (c) Social Security No. _____

4. Sex **male**
5. Color or race **white**
6. (a) Single, widowed, married, divorced/**married**

6. (b) Name of husband or wife **Alice Young**
6. (c) Age of husband or wife if alive **41** years

7. Birth date of deceased **March 14 1895**
(Month) (Day) (Year)

8. AGE:	Years	Months	Days	If less than one day
	45	11	14	_____ hr. _____ min.

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

10. Usual occupation **W.P.A.**

11. Industry or business **STONE CUTTER.**

MOTHER FATHER

12. Name **Iseral Young**

13. Birthplace **Missouri**
(City, town, or county) (State or foreign country)

14. Maiden name **Mary Eves**

15. Birthplace **Missouri**
(City, town, or county) (State or foreign country)

16. (a) Informant **Miss Alice Young**
(b) Address **2703 S. 18th St.**

17. (a) **Burial**
(Burial, cremation, or removal) (b) Date thereof **3/3/41**
(Month) (Day) (Year)
(c) Place: burial or cremation **New St Marcus Cem.**

18. (a) Signature of funeral director **E. J. Schnur**
(b) Address **E. J. Schnur 3125 Lafayette**

19. (a) **MAR 3 1941**
(Date received local registrar) (b) **J. F. Brudwick**
(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. **2703 S. 18th St.**
(If rural, give location)
(e) If foreign born, how long in U. S. A? **0** years.

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month **MARCH** day **1ST**
year **1941** hour **10** minute **00** A. M.
21. I hereby certify that I attended the deceased from **FEBRUARY 18**, 1941, to **MARCH 1**, 1941;
that I last saw him alive on **MARCH 1**, 1941,
and that death occurred on the date and hour stated above.

Immediate cause of death
CHOLELITHIASIS
CIRRHOSIS OF LIVER

Due to _____
Due to _____
Other conditions **ASCITES**
(Include pregnancy within 3 months of death)

Major findings:
Of operations **CHOLELITHIASIS**
CIRRHOSIS OF LIVER
Of autopsy **CHOLELITHIASIS**
CIRRHOSIS OF LIVER

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 **C**

23. Signature **William N. Ellath** (M. D. or other)
Address **CITY HOSP., ST. LOUIS MO.** Date signed **3/1/41**

Duration _____
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.....

....., Registered Apprentice No.

working under my personal supervision.

Signed Joseph Vollmer

Licensed Embalmer No. 4014

P. O. Address 3125 Lafayette Ave

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.