

Registration District No. **757**Primary Registration District No. **30 36**Registrar's No. **153**

1. PLACE OF DEATH:

(a) County St Charles
 (b) City or town St Charles, Mo.
 (If outside city or town limits, write "RURAL" and name of township)
 (c) Name of hospital or institution:
St Joseph Hospital
 (If not in hospital or institution, write street number or location)
 (d) Length of stay: In hospital or institution three days
 (Specify whether
 In this community _____ years, months or days)

3. (a) PRINT FULL NAME Michael A Young3. (b) If veteran, name war no 3. (c) Social Security No. none

4. Sex male 5. Color or race white 6. (a) Single, widowed, married, divorced Widowed
 6. (b) Name of husband or wife Helen Young 6. (c) Age of husband or wife if alive _____ years
 7. Birth date of deceased November 8 1853
 (Month) (Day) (Year)

8. AGE:	Years	Months	Days	If less than one day
	<u>87</u>	<u>8</u>	<u>23</u>	hr. _____ min.

9. Birthplace Worland - Virginia
(City, town, or county) (State or foreign country)10. Usual occupation Retired Laborer11. Industry or business American Cat & Feeder12. Name Unknown - young13. Birthplace Unknown
(City, town, or county) (State or foreign country)14. Maiden name Unknown15. Birthplace Unknown
(City, town, or county) (State or foreign country)16. (a) Informant John Thomas Young(b) Address 406 Morgan St Charles, Mo.17. (a) Burial (b) Date thereof Aug. 3 1941
(Burial, cremation, or removal) (Month) (Day) (Year)(c) Place: burial or cremation Oak Grove Cem. St Charles18. (a) Signature of funeral director H. C. Hallmeyer & Sons(b) Address 800 N. Second St. Charles, Mo.19. (a) 8-2-41 (b) Blair W. Miller
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County St Charles
 (c) City or town St Charles
 (If outside city or town limits, write "RURAL")
 (d) Street No. 406 Morgan St
 (If rural, give location)
 (e) If foreign born, how long in U. S. A.? _____ years.

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month August day 1
year 1941 hour 2 minute 30 A.M.21. I hereby certify that I attended the deceased from June 11, 1941, to August 1, 1941;
that I last saw him alive on August 1, 1941;
and that death occurred on the date and hour stated above.Immediate cause of death cardiac decompensation following prostatectomy on 7/30/41
Due to myocardial disease

Due to _____

Other conditions (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 George Epstein (M. D. or other) M.D.Address St Charles, Mo. Date signed 8/1/41

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

John B. Hallmeyer

Licensed Embalmer No.

2951

P. O. Address

Charles No

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, fact should be so stated above.