

FILED MAY 7 1942

1003

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

1. PLACE OF DEATH:  
 (a) County \_\_\_\_\_  
 (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:  
St. Louis City Hospital  
(If not in hospital or institution, write street number or location)  
 (d) Length of stay: In hospital or institution 21 Days  
(Specify whether  
 In this community 4 Years  
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. 1316 Warren St.  
(If rural, give location)  
 (e) Citizen of foreign country? \_\_\_\_\_ (Yes or No)  
 If yes, name country \_\_\_\_\_

3. (a) PRINT FULL NAME Francis M. Young  
 (b) If veteran, name war No.  
 (c) Social Security No. 492-10-6062

MEDICAL CERTIFICATION  
 20. DATE OF DEATH: Month April day 23, year 1942 hour 10:50 minute A. M.  
 21. I hereby certify that I attended the deceased from April 2, 1942 to April 23, 1942  
 that I last saw him alive on April 23, 1942  
 and that death occurred on the date and hour stated above.

4. Sex Male  
 5. Color or race White  
 6. (a) Single, widowed, married, divorced Married  
 6. (b) Name of husband or wife Violet Young  
 6. (c) Age of husband or wife if alive 27 years  
 7. Birth date of deceased September 29 1912  
(Month) (Day) (Year)

Immediate cause of death Carcinoma of mass pharynx with metastases  
 Duration \_\_\_\_\_

8. AGE:	Years	Months	Days	If less than one day
	<u>29</u>	<u>6</u>	<u>23</u>	_____ hr. _____ min.

Due to \_\_\_\_\_  
 Due to \_\_\_\_\_  
 Other conditions \_\_\_\_\_  
(Include pregnancy within 3 months of death)  
 Major findings: \_\_\_\_\_  
 Of operations \_\_\_\_\_  
 Of autopsy Same

9. Birthplace Oklahoma  
(City, town, or county) (State or foreign country)  
 10. Usual occupation Steel Worker

PHYSICIAN \_\_\_\_\_  
 Underline the cause to which death should be charged statistically.

MOTHER FATHER

11. Industry or business Missouri Rolling Mills  
 { 12. Name Jessee Young  
 { 13. Birthplace Alabama  
(City, town, or county) (State or foreign country)  
 { 14. Maiden name Nettie Cole  
 { 15. Birthplace Arkansas  
(City, town, or county) (State or foreign country)

16. (a) Informant Violet Young  
 (b) Address 1316 Warren St.  
 17. (a) Burial (b) Date thereof 4-27-42  
(Burial, cremation, or removal) (Month) (Day) (Year)  
 (c) Place: burial or cremation St. Johns Cem.

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? \_\_\_\_\_

18. (a) Signature of funeral director Hy. Leidner Und. Co.  
 (b) Address 2223 St. Louis Ave.  
 19. (a) 5-23-42 (b) J. F. Busch  
(Date received local registrar) (Registrar's signature)

While at work? \_\_\_\_\_ (Specify type of place)  
 (e) Means of injury \_\_\_\_\_  
 23. Signature Joseph E. DonKarel (M. D. or other) \_\_\_\_\_  
 Address 1515 Lafayette Avenue Date signed 4/23/42

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 Homer L. Ponder

Licensed Embalmer No. 3367

P. O. Address 2223 St. Louis av

**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.**