

FILED JUN 30 1943

Registration District No. 318

Primary Registration District No. 1003

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

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:
4003a Lafayette Ave. /
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution..... (Specify whether
In this community..... Unknown (Specify whether
years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State..... Missouri (b) County..... 000

(c) City or town..... St. Louis,
(If outside city or town limits, write "RURAL")

(d) Street No. 4003a Lafayette Ave.
(If rural, give location) 117
9

(e) Citizen of foreign country?..... -- (Yes or No)
If yes, name country..... 0

3. (a) PRINT FULL NAME..... Walter S. Young

3. (b) If veteran, name war..... No

3. (c) Social Security No. 494-03-2493

4. Sex..... Male

5. Color or race..... White

6. (a) Single, widowed, married, divorced..... Married

6. (b) Name of husband or wife..... Anna Young

6. (c) Age of husband or wife if alive..... 46 years

7. Birth date of deceased..... February 24, 1895
(Month) (Day) (Year)

8. AGE:	Years	Months	Days	If less than one day
	<u>48</u>	<u>3</u>	<u>25</u> hr. min.

9. Birthplace..... Horton, Kansas
(City, town, or county) (State or foreign country)

10. Usual occupation..... Electrician, Fruco Cont. Co.

11. Industry or business..... Unemployed for 2 years

MOTHER FATHER { 12. Name..... George Young

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

14. Maiden name..... Mary Short

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

16. (a) Informant..... Anna Young

(b) Address..... 4003 Lafayette Ave.

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof..... 6 23 43
(Month) (Day) (Year)

(c) Place: burial or cremation..... Sunset Burial Park

18. (a) Signature of funeral director..... Wacker-Helmer

(b) Address..... 3634 Gravois Avenue

19. (a) JUN 21 1943 (Date received local registrar) J. F. Brudack (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month..... June day..... 19
year..... 1943 hour..... 11 minute..... 45 P.M.

21. I hereby certify that I attended the deceased from.....
....., 19....., to....., 19.....

that I last saw him..... alive on....., 19.....
and that death occurred on the date and hour stated above.

Immediate cause of death..... Yellow Fever
Chronic Interstitial Nephritis

Due to..... Chronic Interstitial Nephritis

Due to..... Nephritis

Other conditions..... 185
(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)

Means of injury..... 15

23. Signature..... W. H. Cherry (M. D. or other).....

Address..... St. Louis, Mo. Date signed..... 6/21/43

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

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.....

Robert C. Wheeler

Licensed Embalmer No.

2578

P. O. Address.....

St. Louis, Mo.

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.