

S. No. 2
M-2-43
5-17-39
I X33597

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH
1003

State File No. **30578**
Registrar's No. **8304**

FILED SEP 28 1943
Registration District No. _____

Primary Registration District No. _____

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

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:
3803a Kossuth 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 20 years (Specify whether
years, months or days)

3. (a) PRINT FULL NAME Andrew J. Young

3. (b) If veteran, name war none

3. (c) Social Security No. none

4. Sex male 5. Color or race white

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

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

6. (c) Age of husband or wife if alive 68 years

7. Birth date of deceased January 29 1879
(Month) (Day) (Year)

8. AGE: Years Months Days If less than one day

<u>64</u>	<u>7</u>	<u>19</u>	hr. _____ min.
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9. Birthplace Farmington Mo. 0
(City, town, or county) (State or foreign country)

10. Usual occupation Unemployed

11. Industry or business Missouri artist

12. Name William Young

13. Birthplace Missouri 0
(City, town, or county) (State or foreign country)

14. Maiden name Mary E. Doss

15. Birthplace Missouri 0
(City, town, or county) (State or foreign country)

16. (a) Informant Mrs. Musetta Young

(b) Address 3803a Kossuth Ave.

17. (a) Burial (b) Date thereof 9-20-43
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Farmington, Mo.

18. (a) Signature of funeral director Hy. Leidner Und. Co.

(b) Address 2223 St. Louis Ave.

19. (a) SEP 19 1943 (b) [Signature]
(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. 3803a Kossuth Ave.
(If rural, give location)

(e) Citizen of foreign country? _____ (Yes or No)
If yes, name country _____

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Sept. day 18th.
year 1943 hour 9:00 AM minute _____ M.

21. I hereby certify that I attended the deceased from Sept 17 1943 to Sept 18 1943
that I last saw him alive on Sept 18 1943
and that death occurred on the date and hour stated above.

Immediate cause of death Berechnation

Due to Berechnation
Cervical Glaucoma

Other conditions Terminal Pneumonia
(Include pregnancy within 3 months of death)

Major findings:
Of operations 55

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 [Signature] (M. D. or other) _____
Address 2505 N. Louisiana Date signed 9/19/43

Duration _____

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

Homer L. Powell

Licensed Embalmer No.....

#3367

P. O. Address.....

2223 St. Louis 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, fact should be so stated above.