

FILED OCT 2 - 1943

Registration District No. 318

Primary Registration District No. 1003

Registrar's 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:  
**1622 South Third Street.**  
(If not in hospital or institution, write street number or location)  
(d) Length of stay: In hospital or institution.....  
In this community..... (Specify whether 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. **1622 South Third Street.**  
(If rural, give location)  
(e) Citizen of foreign country? **No.** (Yes or No)  
If yes, name country.....

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month **Sept.** day **23rd**  
year **1943** hour **4** minute **30** A.M.

21. I hereby certify that I attended the deceased from **Sept 23 4:30 P.M. to Sept 23 1943**  
that I last saw **alive on 9/23 1943**  
and that death occurred on the date and hour stated above.

Immediate cause of death.....  
**Chronic myocardial degeneration**

Due to.....  
**acute infarct**

Due to.....

Other conditions (Include pregnancy within 3 months of death)

Major findings:  
Of operations.....  
Of autopsy.....

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

3. (a) PRINT FULL NAME **LOUISE YOUNG**

3. (b) If veteran, name war..... 3. (c) Social Security No.....

4. Sex **Female** 5. Color or race **White** 6. (a) Single, widowed, married, divorced, **widowed**

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

7. Birth date of deceased **May 1st 1864**  
(Month) (Day) (Year)

8. AGE: Years **79** Months **4** Days **22**  
If less than one day hr. min.

9. Birthplace **Pittsburgh Pa.**  
(City, town, or county) (State or foreign country)

10. Usual occupation..... **at Home**

11. Industry or business.....

12. Name..... **Rabbi Young**

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

14. Maiden name..... **Emma Reynolds**

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

16. (a) Informant..... **Harry Young---Son**

(b) Address..... **1622 South Third Street.**

17. (a) **burial** (b) Date thereof **9--27-1943**  
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation..... **Mount Hope Cemetery**

18. (a) Signature of funeral director..... **C. Hoffmeister U. & L. Co.**

(b) Address..... **7614 South Broadway St. Louis, Mo.**

19. (a) **SEP 25 1943** (b) *J. Medel*  
(Date received local registrar) (Registrar's signature)

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?

23. Signature..... *Dr. J. J. ...*  
Address..... **3624 S. ...** Date signed.....

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

MOTHER FATHER

844

Dr. F. J. Smith--4930 Lindell---Hours 3 to 5 P.M.  
3624 S. Broadway. - LA. - 7017

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.....

*Paul A. Shanklin*

....., Registered Apprentice No.....

working under my personal supervision.

Signed.....

*Paul A. Shanklin*

Licensed Embalmer No. *3472*

P. O. Address *7814 S. Broadway*

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.