

No. 2
4-2-43
5-17-51
I X 3597

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. **32578**
Registrar's No. **2184**

D OCT 2 - 1943

317

Registration District No. _____ Primary Registration District No. **6076**

1. PLACE OF DEATH:
(a) County **St. Louis**
(b) City or town **Gardenville**
(c) Name of hospital or institution: **Miller's Nursing Home**
(If not in hospital or institution, write street number or location) **f**
(d) Length of stay: In hospital or institution _____ (Specify whether)
In this community **Unknown**
years, months or days

2. USUAL RESIDENCE OF DECEASED:
(a) State **Missouri** (b) County **St. Louis**
(c) City or town **Gardenville**
(d) Street No. **8149 Gravois Avenue**
(If rural, give location)
(e) Citizen of foreign country? **--** (Yes or No)
If yes, name country. **0**

3. (a) PRINT FULL NAME **George Young Sr.**
3. (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 **Mary Young**
6. (c) Age of husband or wife if alive **--** years
7. Birth date of deceased **March 17, 1864**
(Month) (Day) (Year)

8. AGE: Years **79** Months **6** Days **9**
If less than one day hr. _____ min.

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

10. Usual occupation **Retired**

11. Industry or business _____

12. Name **Christ Young**
13. Birthplace **Unknown**
(City, town, or county) (State or foreign country)
14. Maiden name _____
15. Birthplace **Unknown**
(City, town, or county) (State or foreign country)

16. (a) Informant **George Young Jr.**
(b) Address **205 W. Schirmer**

17. (a) **Burial** (b) Date thereof **9 29 43**
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation **Lakewood Park Cemetery**

18. (a) Signature of funeral director **Stocker - Helderbach Und. Co.**
(b) Address **3634 Gravois Avenue**

19. (a) **SEP 29 1943** (b) **P. H. McCarty, M.D.**
(Date received) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month **Sept.** day **26**
year **1943** hour **3** minute **25** A.M.

21. I hereby certify that I attended the deceased from **from**
October 14, 1942, to Sept 26, 1943;
that I last saw him alive on **September 24, 1943;**
and that death occurred on the date and hour stated above.

Immediate cause of death **Myocardial degeneration**
Chronic Colitis with
General weakness
Due to **Paresis**

Due to _____
Other conditions (Include pregnancy within 3 months of death) **30 g**

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 **J. J. Meredith** (M. D. or other) **Dr.**
Address **1259 N. Kingshighway** Date signed **9-27-43**

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

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

MOTHER FATHER

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..... *2178*

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.