S. No. 7
UM—2-43
5-17-39
X35697

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

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

FILED DEC 22 1943

Registration District No. 848

STATE BOARD OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH

Primary Registration District No. 1003

State File No. 40881

Registrar's No. 10926

1. PLACE OF DEATH:

(a) County

(b) City or town St. Louis
(If outside city or town limits, write "RURAL" and name of township)

(c) Name of hospital or institution: 4 5230 Bancroft Ave. /
(If not in hospital or institution, write street number or location)

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

In this community

2. USUAL RESIDENCE OF DECEASED: 000

(a) State Mo. (b) County 12

(c) City or town St. Louis 914
(If outside city or town limits, write "RURAL")

(d) Street No. 5230 Bancroft Ave.
(If rural, give location)

(e) Citizen of foreign country? (Yes or No)

If yes, name country 0

3. (a) PRINT FULL NAME Gustav W. Young

3. (b) If veteran, name war None

3. (c) Social Security No.

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 75 years

7. Birth date of deceased July (Month) 25th (Day) 1866 (Year)

8. AGE: Years 77 Months 4 Days 13 If less than one day hr. min.

9. Birthplace St. Louis (City, town, or county) Mo. (State or foreign country) 0

10. Usual occupation Chemist

11. Industry or business Cramer Dry Plate Co.

FATHER
12. Name George Young
13. Birthplace (City, town, or county) Germany (State or foreign country) 4

MOTHER
14. Maiden name Wilhelmina Unknown
15. Birthplace (City, town, or county) Germany (State or foreign country) 4

16. (a) Informant Mrs. Hazel Anderson

(b) Address 5230 Bancroft Ave.

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 12-11-43 (Month) (Day) (Year)

(c) Place: burial or cremation Sunset Burial Park

18. (a) Signature of funeral director Kriegshauser Mortuaries

(b) Address 4228 So. Kingshighway Blvd.

19. (a) DEC 10 1943 (Date received local registrar) (b) J. Bredeck (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Dec. day 8th year 1943 hour 9:15 minute P.M. M.

21. I hereby certify that I attended the deceased from Sept 4 1943, 19.. to death, 19..; that I last saw him alive on Dec 3, 1943 and that death occurred on the date and hour stated above.

	Duration
Immediate cause of death Coronary Sclerosis	
Due to Chronic Lymphatic Leucemia	
Due to Amyotrophic Lateral Sclerosis	
Other conditions (Include pregnancy within 3 months of death)	
Major findings: Of operations	
Of autopsy	

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

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? (Specify type of place)

While at work? (e) Means of injury

23. Signature W. H. Olmstead (M. D. or other) 12/10

Address 3720 Washington Date signed

(Licensed Embalmer's Statement on Reverse Side)

APR 14 1950

8-12

10-41

Document Bldg.

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 Richard W. Stoneeand

Licensed Embalmer No. 4007

P. O. Address .....

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.