

FILED JAN 33 1943

Primary Registration District No. 3063

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

1. PLACE OF DEATH:
(a) County St. Louis
(b) City or town Clayton
(c) Name of hospital or institution: 6357 Clayton Rd.
(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)

3. (a) PRINT FULL NAME Mildred S. Young
3. (b) If veteran, name war No. _____ 3. (c) Social Security No. No. _____

4. Sex Female 5. Color or race White
6. (a) Single, widowed, married, divorced Widow
6. (b) Name of husband or wife Felix Warner Young 6. (c) Age of husband or wife if alive _____ years
7. Birth date of deceased June 11, 1880
(Month) (Day) (Year)

8. AGE: Years Months Days If less than one day
63 6 10 _____ hr. _____ min.

9. Birthplace Topeka, Kans.
(City, town, or county) (State or foreign country)

10. Usual occupation Not employed

11. Industry or business _____

MOTHER FATHER { 12. Name J. Frederick Scott,
13. Birthplace U. S. A.
(City, town, or county) (State or foreign country)
14. Maiden name Emma Harple
15. Birthplace U. S. A.
(City, town, or county) (State or foreign country)

16. (a) Informant Madelyn Young
(b) Address 6357 Clayton Rd.

17. (a) Cremation (b) Date thereof 12/23/43
(Burial, cremation, or removal) (Month) (Day) (Year)
(c) Place: burial or cremation Oak Grove Chapel

18. (a) Signature of funeral director Robert J. Ambruster
(b) Address Clayton Rd. at Concordia Lane

19. (a) DEC 23 1943 (b) C. E. McQuinn, M.D.
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:
(a) State Mo. (b) County St. Louis
(c) City or town Clayton (d) St. Louis
(If outside city or town limits, write "RURAL")
(d) Street No. 6357 Clayton Rd.
(If rural, give location)
(e) Citizen of foreign country? _____ (Yes or No)
If yes, name country _____

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Dec. day 21
year 1943 hour 5 minute 30 A. M.

21. I hereby certify that I attended the deceased from _____, 19____ to 12/21/43, 19____; that I last saw her alive on 12/20/43, 19____; and that death occurred on the date and hour stated above.

Immediate cause of death Myocardial failure
Due to General Carcinomatosis 6 Mo.
Due to Carcinoma of Rt. Breast 6 Mo.?
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.

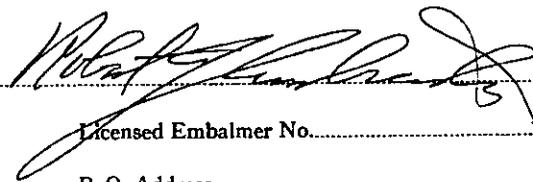
22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide (specify) _____
(b) Date of occurrence _____
(c) Where did injury occur? _____ (City or town) (County) (State)
(d) Did injury occur in or about home, on farm, in industrial place, in public place? _____

While at work? _____ (Specify type of place)
(c) Means of injury _____
23. Signature Paul R. Webb (M. D. #26557)
Address Chemical Bldg. Date signed 12/21/43

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 .....
Licensed Embalmer No.....
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.)