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5-17-39  
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DEPARTMENT OF COMMERCE  
BUREAU OF THE CENSUS

THE STATE BOARD OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

11847

State File No. \_\_\_\_\_

**FILED 318**

5 1946

1003

Registrar's No. **2810**

Registration District No. \_\_\_\_\_ Primary Registration District No. \_\_\_\_\_

**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:  
**City Hospital #1** **D**  
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution \_\_\_\_\_  
(Specify whether)

In this community \_\_\_\_\_  
years, months or days

**3. (a) PRINT FULL NAME** **Gertrude Young**

**3. (b) If veteran,** name war **No**

**3. (c) Social Security** No. **None**

**4. Sex** **Female** **5. Color or race** **White**

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

**6. (b) Name of husband or wife** **John S. Young**

**6. (c) Age of husband or wife if** **55** years

**7. Birth date of deceased** **Dec. 10 1889**  
(Month) (Day) (Year)

**8. AGE:**

Years	Months	Days	If less than one day
<b>56</b>	<b>3</b>	<b>14</b>	hr. _____ min. _____

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

**10. Usual occupation** **Housewife**

**11. Industry or business** \_\_\_\_\_

**12. Name** **John Greenup**

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

**14. Maiden name** **Aina Morris**

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

**16. (a) Informant** **John S. Young,**

**(b) Address** **3652 Evans Ave.**

**17. (a) Burial** **(b) Date thereof 3-26-46**  
(Burial, cremation, or removal) (Month) (Day) (Year)

**(c) Place: burial or cremation** **National Cemetery**

**18. (a) Signature of funeral director** **Cullinane Bros.**

**(b) Address** **1710 N. Grand Blvd.**

**19. (a) MAR 23 1946 J. F. Bredesch**  
(Date received local registrar) (Registrar's signature)

**2. USUAL RESIDENCE OF DECEASED:**

(a) State **Missouri** (b) County **San**

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

(d) Street No. **3652 Evans Ave.**  
(If rural, give location)

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

If yes, name country \_\_\_\_\_

**MEDICAL CERTIFICATION**

**20. DATE OF DEATH:** Month **March** day **24**  
year **1946** hour **1** minute **30** A. M.

**21. I hereby certify that I attended the deceased from** \_\_\_\_\_, 19\_\_\_\_, to \_\_\_\_\_, 19\_\_\_\_;

that I last saw him \_\_\_\_\_ alive on \_\_\_\_\_, 19\_\_\_\_;

and that death occurred on the date and hour stated above.

Immediate cause of death: **Fracturing of skull**  
**2 Subdural hemorrhage**  
*supposed when deceased fell down flight steps in front of his home 3652 Evans Ave on March 23 1946 at about 4:30 P.M.*

Other conditions \_\_\_\_\_  
(Include pregnancy within 3 months of death)

Major findings: **186**  
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) **Accident**

(b) Date of occurrence **March 23 1946**

(c) Where did injury occur? **In front of home**  
(City or town) (County) (State)

(d) Did injury occur in or about home, on farm, in industrial place, in public place?  
**In front of home**

While at work? \_\_\_\_\_  
(Specify type of place)

Means of injury **As above**

**23. Signature** **John S. Young** (M. D. or other) \_\_\_\_\_

Address \_\_\_\_\_ Date signed **3/26/46**

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

MOTHER FATHER

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**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 *Fred Frick*.....

Licensed Embalmer No..... **3186**.....

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.**