S. No. 2
M—2-43
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I X35697

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

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

FILED APR 13 1946

STATE BOARD OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH

15356

State File No.

Registration District No. 218 Primary Registration District No. 1003 Registrar's No. 3580

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: Barnes Hospital
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution 1 month (Specify whether
In this community years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Franklin 36

(c) City or town Pacific 2
(If outside city or town limits, write "RURAL")

(d) Street No. N.R.
(If rural, give location)

(e) Citizen of foreign country? no (Yes or No) 1

If yes, name country ✓

3. (a) PRINT FULL NAME OSCAR CARL YOUNG

3. (b) If veteran, name war no

3. (c) Social Security No. 493-03-1932

4. Sex Male

5. Color or race White

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

6. (b) Name of husband or wife Florence Young

6. (c) Age of husband or wife if alive 51 years

7. Birth date of deceased Oct (Month) 7 (Day) 1893 (Year)

8. AGE: Years 52 Months 6 Days 3 If less than one day hr. min.

9. Birthplace Conway (City, town, or county) Mo (State or foreign country)

10. Usual occupation Engineer

11. Industry or business Stivers Cons. Co.

FATHER
12. Name Robert Young
13. Birthplace (City, town, or county) Mo (State or foreign country)

MOTHER
14. Maiden name Mary Nelson
15. Birthplace (City, town, or county) Mo (State or foreign country)

16. (a) Informant Hallie Young
(b) Address Pacific Mo

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 4/12/46 (Month) (Day) (Year)
(c) Place: burial or cremation Pacific Mo

18. (a) Signature of funeral director Jno. L. Thiebes
(b) Address Pacific Mo

19. (a) APR 12 1946 (Date received local registrar) (b) J. H. Bredeck (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month April day 10th year 1946 hour 1 minute 15 P.M.

21. I hereby certify that I attended the deceased from March 11, 1946, to April 10, 1946, that I last saw him alive on April 10th 1946, 1946 and that death occurred on the date and hour stated above.

	Duration
Immediate cause of death Congestive heart failure and uremia	
Due to Arteriosclerotic heart disease	
Due to Chronic renal insufficiency and pyelonephritis - non-calculous	
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 F R Bradley (M.D. or other)

Address Barnes Hospital Date signed 4/10/46

(Licensed Embalmer's Statement on Reverse Side)

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 Jno. L. Theiss

Licensed Embalmer No. 3008

P. O. Address Pacific, 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.