

**FILED** MAY 17 1946  
**318**

Registration District No. \_\_\_\_\_ Primary Registration District No. **1003**

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

**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:  
**3315 LOCUST ST /**  
(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)

**2. USUAL RESIDENCE OF DECEASED:**

(a) State **MISSOURI** (b) County..... **0300**  
 (c) City or town..... **ST. LOUIS** **17**  
(If outside city or town limits, write "RURAL")  
 (d) Street No. **3651 LAFAYETTE AVE** **179**  
(If rural, give location)  
 (e) Citizen of foreign country?..... (Yes/for No)  
 If yes, name country.....

**3. (a) PRINT FULL NAME** **JOSEPH LEO YOUNG**  
 (b) If veteran, name war..... **NONE**  
 (c) Social Security No. **494-07-8851**

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..... **39** years  
 7. Birth date of deceased..... **AUGUST 31 1907**  
(Month) (Day) (Year)

**8. AGE:**

Years	Months	Days	If less than one day
<b>38</b>	<b>8</b>	<b>2</b>	hr. min.

9. Birthplace **VALLEY PARK Mo 0**  
(City, town, or county) (State or foreign country)

10. Usual occupation **ACCOUNTANTS**

11. Industry or business **BOB BEIN-YOUNG & CO**

MOTHER FATHER

12. Name **WM. YOUNG**

13. Birthplace **ST. LOUIS Mo 0**  
(City, town, or county) (State or foreign country)

14. Maiden name **BERNARDINE SIEVER**

15. Birthplace **ST. LOUIS Mo 0**  
(City, town, or county) (State or foreign country)

16. (a) Informant **HELEN JEAN YOUNG**

(b) Address **3651 LAFAYETTE AVE**

17. (a) **BURIAL** (b) Date thereof **MAY 6 1946**  
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation **NEW SS PETER & PAUL CH**

18. (a) Signature of funeral director **WM J. ROBERT L. & V. C.**

(b) Address **1905 S. GRAND BLVD**

19. (a) **MAY 1 1946** (b) **J. F. Bredbeck**  
(Date received local registry) (Registrar's signature)

**MEDICAL CERTIFICATION**

20. DATE OF DEATH: Month **May** day **3**  
 year **1946** hour **11** minutes **45 A.M.**  
 21. I hereby certify that I attended the deceased from **5-3**  
 19 **46** to **May 3** 19 **46**  
 that I last saw him alive on **5-3** 19 **46**  
 and that death occurred on the date and hour stated above.

Immediate cause of death.....  
 Due to.....  
 Due to.....  
 Other conditions.....  
(Include pregnancy within 3 months of death)  
 Major findings:  
 Of operations.....  
 Of autopsy.....

Duration  
**15 min**

**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?  
 1 While at work?..... (Specify type of place)  
 (b) Means of injury.....  
 23. Signature **Fred K. Seiber** (M. D. or other)  
 Address **3901 Washington** Date signed.....

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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.....

*Rex Campbell*

Licensed Embalmer No.....

*3881*

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.**