

No. 2
1-5-43
5-17-39
I X36671

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

THE STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

22363

State File No.

FILED JUN 26 1946
318

1003

Registrar's No.

5127

1. PLACE OF DEATH:

(a) County.....

(b) City or town **St. Louis, Mo.**

(c) Name of hospital or institution: **St. Louis City Hospital**
Max C. Starkloff Memorial

(d) Length of stay: In hospital or institution.....

In this community.....

2. USUAL RESIDENCE OF DECEASED:

(a) State **Missouri** (b) County **00-4**

(c) City or town **St. Louis**

(d) Street No. **1072 a Hodiament Ave**

(e) Citizen of foreign country?.....

3. (a) PRINT FULL NAME **ALBERTA 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 **Wm. L. Young**

6. (c) Age of husband or wife if alive **66** years

7. Birth date of deceased **Dec. 6th, 1888.**

8. AGE: Years Months Days If less than one day

57 58 6 13 hr. min.

9. Birthplace **St. Louis Mo.**

10. Usual occupation **Housewife**

11. Industry or business.....

12. Name **? Arndt**

13. Birthplace **Don't Know**

14. Maiden name **Don't Know**

15. Birthplace **Don't Know**

16. (a) Informant **Wm. L. Young**

(b) Address **1072 a Hodiament Ave**

17. (a) **Burial** (b) Date thereof **6-21-46**

(c) Place: burial or cremation **Memorial Park Cem.**

18. (a) Signature of funeral director **Jos. W. Clark**

(b) Address **1125 Hodiament Ave**

19. (a) **JUN 20 1946** (b) **J. F. Brennan**

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month **June** day **19** year **1946** hour **4:30** minute **A** M.

21. I hereby certify that I attended the deceased from **May 22** 19 **46** to **June 19** 19 **46**

that I last saw h. **er** alive on **June 19** 19 **46**

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

Immediate cause of death **Carcinoma of Pancreas**
C metastasis

Due to.....

Due to.....

Other conditions (Include pregnancy within 3 months of death) **H67**

Major findings: Of operations.....

Of autopsy **as above**

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?.....

(d) Did injury occur in or about home, on farm, in industrial place, in public place?.....

21. Signature **J. F. Brennan** (Specify type of place) (e) Means of injury.....

Address **1515 Lafayette Avenue** Date signed **6/19/46**

(Licensed Embalmer's Statement on Reverse Side)

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

21232

MOTHER FATHER

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.....

Alfred J. Boesker
.....
Licensed Embalmer No..... 2663

P. O. Address..... 1125 Hodiamont Ave

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.