

S. No. 2  
DM-5-43  
v. 5-17-39  
I X36671

**FILED** JUL 22 1946  
Registration District No. \_\_\_\_\_

Primary Registration District No. 6076

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

1. PLACE OF DEATH: St. Louis, Mo. R. I.

(a) County St. Louis Mo. R. I.

(b) City or town St. Louis  
(If outside city or town limits, write "RURAL" and name of township)

(c) Name of hospital or institution:  
Route 1  
(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)

2. USUAL RESIDENCE OF DECEASED:

(a) State Mo (b) County St. Louis

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

(d) Street No. Route 1  
(If rural, give location)

(e) Citizen of foreign country? \_\_\_\_\_ (Yes or No)  
If yes, name country \_\_\_\_\_

3. (a) PRINT FULL NAME FRED. N. YOUNG

3. (b) If veteran, name war \_\_\_\_\_

3. (c) Social Security No. \_\_\_\_\_

MEDICAL CERTIFICATION

20. DATE OF DEATH, Month July, day 14th, year 1946, hour 10:40 minute am M.

21. I hereby certify that I attended the deceased from 1/1/1943 to 7-14/1946, 1946, that I last saw him alive on July 13, 1946, and that death occurred on the date and hour stated above.

4. Sex male 5. Color or race white

6. (a) Single, widowed, married, divorced 2

6. (b) Name of husband or wife \_\_\_\_\_

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

7. Birth date of deceased: Jan 1 1866  
(Month) (Day) (Year)

Immediate cause of death: Chronic Endocarditis

Due to: Phlebotomy

Due to: 93 d.

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

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

80 7 15 hr. min.

9. Birthplace: Woodburn Illinois  
(City, town, or county) (State or foreign country)

10. Usual occupation: Grain merchant

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

12. Name: Daniel Young

13. Birthplace: Woodburn Illinois  
(City, town, or county) (State or foreign country)

14. Maiden name: Emma Elliman

15. Birthplace: London England  
(City, town, or county) (State or foreign country)

PHYSICIAN \_\_\_\_\_

Underline the cause to which death should be charged statistically.

Major findings: \_\_\_\_\_

Of operations: \_\_\_\_\_

Of autopsy: \_\_\_\_\_

16. (a) Informant: Mrs. Blanche De Salme

(b) Address: Fenton Mo. R. I.

17. (a) (Burial, cremation, or removal) \_\_\_\_\_

(b) Date thereof: July 17 1946  
(Month) (Day) (Year)

(c) Place: burial or cremation: New Bethlehem Cem.

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)

(e) Means of injury \_\_\_\_\_

18. (a) Signature of funeral director: Merle Shepard

(b) Address: 1167 Hamilton

19. (a) 7-15-46 (Date received local registrar)

(b) E. M. Barman (Registrar's signature)

23. Signature: M. Walton (M. D. or other)

Address: Fenton Mo. Date signed: 7/14/46

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

*Henry M. Brammer*

Licensed Embalmer No.

4200

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.)**

**If this body is not embalmed, fact should be so stated above.**