

7. S. No. 2  
00M-5-43  
Rev. 5-17-39  
I X36671

DEPARTMENT OF COMMERCE  
BUREAU OF THE CENSUS  
THE STATE BOARD OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

Registration District No. **318** Primary Registration District No. **1003** State File No. \_\_\_\_\_ Registrar's No. **2137**

1. PLACE OF DEATH:  
(a) County St. Louis  
(b) City or town St. Louis  
(If outside city or town limits, write "RURAL" and name of township)  
(c) Name of hospital or institution:  
residence - 720 Clarendon Avenue  
(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 ELIZABETH WALSH YOUNG  
3. (b) If veteran, name war None 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 William Young  
6. (c) Age of husband or wife if alive 84 years  
7. Birth date of deceased July 1856  
(Month) (Day) (Year)

8. AGE: Years 90 Months 1 Days - If less than one day hr. min.

9. Birthplace Greolph Ontario  
(City, town, or county) (State or foreign country)

10. Usual occupation at home

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

12. Name Patrick Walsh

13. Birthplace unknown Ireland  
(City, town, or county) (State or foreign country)

14. Maiden name Mary Hamilton

15. Birthplace unknown Ireland  
(City, town, or county) (State or foreign country)

16. (a) Informant Marian Young Mallette

(b) Address 720 Clarendon Ave., St. Louis

17. (a) burial (b) Date thereof 8-17-46  
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Valhalla Cemetery

18. (a) Signature of funeral director C. R. Lupton & Sons  
(b) Address 233 Dalmar Blvd., St. Louis, Mo

19. (a) AUG 16 1946 (Date received local registrar) J. F. Bredeck (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:  
(a) State Missouri (b) County St. Louis  
(c) City or town St. Louis  
(If outside city or town limits, write "RURAL")  
(d) Street No. 720 Clarendon Avenue  
(If rural, give location)  
(e) Citizen of foreign country? No (Yes or No)  
If yes, name country \_\_\_\_\_

MEDICAL CERTIFICATION  
20. DATE OF DEATH: Month August day 15th  
year 1946 hour 8:15 minute \_\_\_\_\_ A. M.

21. I hereby certify that I attended the deceased from 9-26 1946 to 8-15 1946  
that I last saw her alive on 8-14 1946  
and that death occurred on the date and hour stated above.

Immediate cause of death uremia  
Due to Senile changes - Arterio Sclerosis  
Due to \_\_\_\_\_

Other conditions (Include pregnancy within 3 months of death) 97

Major findings: Of operations \_\_\_\_\_ Of autopsy \_\_\_\_\_

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) (b) Manner of injury \_\_\_\_\_  
23. Signature Stanford Phillips M.D. (M. D. or other) \_\_\_\_\_  
Address 1117 N. Union Date signed 8-10-46

(Licensed Embalmer's Statement on Reverse Side)

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

28076

28076

Doc  
12/17  
9  
10

Duration  
3 days  
years  
PHYSICIAN  
Underline the cause to which death should be charged statistically.

St Louis mo

28714

2-4

Dr. Hanford Phillips  
1117 N. Union Blv'd.,  
RO-1600

**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 Raymond L. Morris

Licensed Embalmer No. 4330

P. O. Address Maplewood, N.J.

**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.**