

No. 2  
12-45  
17-39  
X47070

FILED SEP 24 1946  
318

State File No. \_\_\_\_\_

Registration District No. \_\_\_\_\_

Primary Registration District No. **1003**

Registrar's No. **7899**

1. PLACE OF DEATH:

(a) County \_\_\_\_\_  
(b) City or town **St. Louis, Missouri.**  
(If outside city or town limits, write "RURAL" and name of township)  
(c) Name of hospital or institution:  
**St. Louis City Hospital - Max C. Starkoff**  
(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 **MAUDE YOUNG**

3. (b) If veteran, name war \_\_\_\_\_ 3. (c) Social Security No. \_\_\_\_\_

4. Sex **Female!** 5. Color or race **White.** 6. (a) Single, widowed, married, divorced **Widowed.**

6. (b) Name of husband or wife **Jimm** 6. (c) Age of husband or wife if alive \_\_\_\_\_ years

7. Birth date of deceased **Nov. 15 1876.**  
(Month) (Day) (Year)

8. AGE: Years Months Days If less than one day  
**69** **9** **25** hr. min.

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

10. Usual occupation **Nil.**

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

MOTHER FATHER

12. Name **John C. Clifford.**

13. Birthplace **Ohio.**  
(City, town, or county) (State or foreign country)

14. Maiden name **Martha Mc Intyre.**

15. Birthplace **Ind.**  
(City, town, or county) (State or foreign country)

16. (a) Informant **Jennie Cribben.**

(b) Address **5363 Vernon.**

17. (a) **Burial.** Park (b) Date thereof **9/13/46**  
(Burial, cremation, or removal) (Month) (Day) (Year)

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

18. (a) Signature of funeral director **Edith E. Ambruster.**

(b) Address **4234 Manchester.**

19. (a) **SEP 13 1946** (b) **J. J. Bredsek**  
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State **Missouri.** (b) County **000**  
(c) City or town **St. Louis.** (If outside city or town limits, write "RURAL")  
(d) Street No. **5130 Cates Ave.**  
**Memorial** (If rural, give location)  
(e) Citizen of foreign country? \_\_\_\_\_ (Yes or No)  
If yes, name country \_\_\_\_\_

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month **Sept.** day **10th**  
year **1946** hour **8:40** minute **A** M.

21. I hereby certify that I attended the deceased from **8/21/46**  
\_\_\_\_\_, 19\_\_\_\_, to **Sept. 10th 1946.**  
that I last saw her alive on **Sept. 10th 1946.**  
and that death occurred on the date and hour stated above.

Immediate cause of death  
**Arteriosclerotic heart disease & coronary occlusion**

Due to \_\_\_\_\_  
Due to **PH**

Other conditions **Psychosis with cerebral arteriosclerosis**  
(Include pregnancy within 3 months of death)

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

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

Duration  
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? \_\_\_\_\_

While at work? \_\_\_\_\_ (Specify type of place) Means of injury \_\_\_\_\_

23. Signature **Ann H. ...** (M. D. or other) **M.D.**

Address **1515 LAFAYETTE** **9/10/46**

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

**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..... *Harry Egnock*.....  
Licensed Embalmer No. *1254*.....  
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.**