

THE STATE BOARD OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

DEPARTMENT OF COMMERCE  
BUREAU OF THE CENSUS  
FILED MAR 11 1947

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:  
Missouri Baptist Hospital  
(If not in hospital or institution, write street number or location)  
(d) Length of stay: In hospital or institution 3 1/2 days  
(Specify whether years, months or days)

3. (a) PRINT FULL NAME Mamie C. Young  
3. (b) If veteran, name war None 3. (c) Social Security No. \_\_\_\_\_

4. Sex Female 5. Color or race White  
6. (a) Single, widowed, married, divorced Married  
6. (b) Name of husband or wife William B. Young  
6. (c) Age of husband or wife if alive 78 years  
7. Birth date of deceased July 19, 1871  
(Month) (Day) (Year)

8. AGE: Years Months Days If less than one day  
75 6 5 hr. min.

9. Birthplace St. Louis Mo.  
(City, town, or county) (State or foreign country)  
10. Usual occupation At home

11. Industry or business \_\_\_\_\_  
12. Name Louis Vollmar  
13. Birthplace Unknown France  
(City, town, or county) (State or foreign country)  
14. Maiden name Henrietta Westerheide  
15. Birthplace St. Louis Mo.  
(City, town, or county) (State or foreign country)

16. (a) Informant Robert J. Bowman  
(b) Address 5304 Emerson Ave

17. (a) Burial (b) Date thereof 2/27/47  
(Burial, cremation, or removal) (Month) (Day) (Year)  
(c) Place: burial or cremation St. Peters Cemetery

18. (a) Signature of funeral director Math Hermann & Son, Inc.  
(b) Address 2161 East Fair Ave

19. (a) FEB 25 1947 (b) J. T. Bradeck  
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:  
(a) State Missouri (b) County 0-21  
(c) City or town St. Louis 1/17  
(If outside city or town limits, write "RURAL")  
(d) Street No. 2439a N. Grand Blvd. 9  
(If rural, give location)  
(e) Citizen of foreign country? \_\_\_\_\_ (Yes or No)  
If yes, name country \_\_\_\_\_

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Feb. day 24th  
year 1947 hour 6:30 A.M. minute \_\_\_\_\_ M. \_\_\_\_\_  
21. I hereby certify that I attended the deceased from 7 hr 21/2  
1947 to 7 hr 24/2 1947  
that I last saw her alive on 7 hr 24/2 1947  
and that death occurred on the date and hour stated above.

Immediate cause of death Apoplexy Duration 3 days  
Due to Cerebral Hemorrhage

Due to \_\_\_\_\_  
Other conditions Hypertensive Cardiovascular Disease  
(Include pregnancy within 3 months of death)

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

23. Signature Frank L. Davis, Jr. (M. D. or other) C  
Address Community Club Bldg Date signed 2/25/47  
While at work? \_\_\_\_\_ (Specify type of place) (e) Means of injury \_\_\_\_\_

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

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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 W. Ford S. Burnley  
Licensed Embalmer No. 4202  
P. O. Address M. P. Davis, 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.**