

No. 2  
-1/47  
-17-39

**FILED** SEP 23 1947

Registration District No. .... Primary Registration District No. ....

1. PLACE OF DEATH:  
(a) County.....  
(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 **2 days**  
(Specify whether years, months or days)

2. USUAL RESIDENCE OF DECEASED:  
(a) State **Mo.** (b) County.....  
(c) City or town **St. Louis**  
(If outside city or town limits, write "RURAL")  
(d) Street No. **3522 Sullivan Ave.**  
(If rural, give location)  
(e) Citizen of foreign country?..... (Yes or No)  
If yes, name country.....

3. (a) PRINT FULL NAME **George H. Young**  
3. (b) If veteran, name war **No** 3. (c) Social Security No. ....

4. Sex **Male** 5. Color or race **White** 6. (a) Single, widowed, married, divorced **Married**  
6. (b) Name of husband or wife **Alma Young** 6. (c) Age of husband or wife if alive **56** years  
7. Birth date of deceased **May 3, 1882**  
(Month) (Day) (Year)

8. AGE: Years Months Days If less than one day  
 **65** **3** **18** hr. min.

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

10. Usual occupation **Supervisor**

11. Industry or business **International Shoe Co.**

12. Name **Wm. Young**

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

14. Maiden name **Mary Snedgrass**

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

16. (a) Informant **Alma Young**

(b) Address **3522 Sullivan Ave.**

17. (a) **Burial** (b) Date thereof **Aug. 23, 1947**  
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation **Jefferson City, Mo**

18. (a) Signature of funeral director **Paschedag-Henke**

(b) Address **2825 N. Grand Bldg**

19. (a) **AUG 22 1947** (b) **J. F. Braback**  
(Date received locally) (Registrar's signature)

MOTHER FATHER

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

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month **Aug.** day **21st**  
year **1947** hour **8** minute **A.** M.

21. I hereby certify that I attended the deceased from **1933**  
....., 19....., **Aug 21** 19**47**  
that I last saw him alive on **Aug 20** 19**47**  
and that death occurred on the date and hour stated above.  
Duration .....

Immediate cause of death **Uremia**

Due to **Chronic malignant nephrosclerosis & the arteriosclerosis of Cerebrum & heart**  
Other conditions.....  
(Include pregnancy within 3 months of death)

Major findings: **131**  
Of operations.....

Of autopsy **As outlined above**

22. If death was due to external causes, fill in the following:

(a) Accident, suicide, or homicide (specify).....

(b) Date of occurrence.....

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?.....  
(Specify type of place)

While at work?..... (e) Means of injury **2**

Signature **C. H. Kulkens** (D. or other).....

Address **3121 1/2 Grand** Date signed **8/22/47**

PHYSICIAN  
Underline the cause of which death should be charged statistically.

1956 JAN 5 NW

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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.....

*Albert G. Klappe*

Licensed Embalmer No. 2971

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.