

FILED SEP 15 1947

Registration District No. _____ Primary Registration District No. 4463

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

1. PLACE OF DEATH:

(a) County ST. LOUIS

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

(c) Name of hospital or institution:
GRAYVOIS ROAD 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

3. (a) PRINT FULL NAME ESTHER A. 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 DIVORCED

6. (b) Name of husband or wife FRED N. YOUNG

6. (c) Age of husband or wife if alive DECEASED years _____

7. Birth date of deceased MARCH 27 1971
(Month) (Day) (Year)

8. AGE: Years 76 Months 5 Days 2 If less than one day _____
hr. _____ min.

9. Birthplace ST. LOUIS MISSOURI
(City, town, or county) (State or foreign country)

10. Usual occupation AT HOME

MOTHER FATHER

11. Industry or business _____

12. Name JOHN ZIMMERMAN

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

14. Maiden name MELINDA McLAUGHLIN

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

16. (a) Informant MRS BLANCHE DESALME

(b) Address FENTON MO

17. (a) BURIAL (b) Date thereof SEPT 2-1947
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation CALVARY CEMETERY

18. (a) Signature of funeral director SHEPARD FUNERAL HOME

(b) Address 1167 HAMILTON AVE.

19. (a) 9-2-47 (b) Geul of Shapms
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State MISSOURI (b) County ST. LOUIS 96

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

(d) Street No. GRAYVOIS ROAD
(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 29-1947
year 3 hour 30 minute P. M.

21. I hereby certify that I attended the deceased from Aug 1-47
7-29 1947 to Aug 28-47 1947
that I last saw h. alive on and that death occurred on the date and hour stated above.

Immediate cause of death _____

Due to arterio sclerosis 2 yrs

Due to age

Other conditions (include pregnancy within 3 months of death) no

Major findings: _____

Of operations: _____

Of autopsy: no

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)

(c) Means of injury _____

23. Signature W. W. [unclear] (M. D. or other) _____

Address Fenton Mo Date signed 8/12/47

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.....

J. Allen Davis Jr
.....
Licensed Embalmer No..... 4053

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.