No. 2
—1/47
5-17-39

FEDERAL SECURITY AGENCY
National Office of Vital Statistics

FILED NOV 14 1947

MISSOURI DIVISION OF HEALTH

STANDARD CERTIFICATE OF DEATH

36499

State File No. 8

Registration District No. 367

Primary Registration District No. 3063

Registrar's No. 2271

1. PLACE OF DEATH:
(a) County St. Louis County
(b) City or town Clayton, Mo.
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution St. Louis County 0
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution 2 mo. + 2 wks (Specify whether
In this community 4 years.
years, months or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Missouri (b) County St. Louis 96
(c) City or town Elmwood Park 0
(If outside city or town limits, write "RURAL")
(d) Street No. R2 Box 400 0
(If rural, give location)
(e) Citizen of foreign country? No. (Yes or No) 1
If yes, name country

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

4. Sex Male 2
5. Color or race Col.
6. (a) Single, widowed, married, divorced M. 1
6. (b) Name of husband or wife Gladys Bender
6. (c) Age of husband or wife if alive 37 years
7. Birth date of deceased 6 (Month) - 2 (Day) - 1892 (Year)

8. AGE:

Years	Months	Days	If less than one day
55	4	29	hr. min.

9. Birthplace Houston, Texas 1
(City, town, or county) (State or foreign country)
10. Usual occupation None
11. Industry or business Labor
FATHER
12. Name Richard Young
13. Birthplace Texas 1
(City, town, or county) (State or foreign country)
MOTHER
14. Maiden name Unknown
15. Birthplace 9
(City, town, or county) (State or foreign country)
16. (a) Informant Wife - Gladys
(b) Address Elmwood Park
17. (a) (Burial, cremation, or removal) (b) Date thereof (Month) (Day) (Year)
(c) Place: burial or cremation Greenwood Cemetery
18. (a) Signature of funeral director Gus Lowe
(b) Address 2930 Dickson St
19. (a) 11-5-47 (Date received local registrar) (b) Earl C. Sharp (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month October day 31st year 1947 hour 9 minute 55 P.M.

21. I hereby certify that I attended the deceased from August 17th 1947, to October 31st 1947; that I last saw him alive on October 31st, 1947; and that death occurred on the date and hour stated above.

	Duration
Immediate cause of death Central Nervous System Syphilis	yrs.
Due to 30	
Due to	
Other conditions (Include pregnancy within 3 months of death)	
Major findings: Of operations	
Of autopsy (Same)	

PHYSICIAN
Underline the cause of 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? (Specify type of place)
While at work? Means of injury 0

23. Signature Russell L. Verdener (M.D. or other)
Address 60 Brentwood Blvd Date signed

Jefferson City Printing Co.

(Licensed Embalmer's Statement on Reverse Side)

WRITE PLAINLY—USING 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. Arthur L. Heilliard

Licensed Embalmer No. 4291

P. O. Address 1154 Bayard ave

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.