

MISSOURI DIVISION OF HEALTH
STANDARD CERTIFICATE OF DEATH

State File No. **43637**

National Office of Vital Statistics
FILED JAN 9 1948

Registration District No. **318**

Primary Registration District No. **1003**

Registrar's No. **11877**

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: MO PAC HOSP
(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

Frederick J. Young

3. (b) If veteran,

name war. NONE

3. (c) Social Security No.

4. Sex MO 5. Color or race W 6. (a) Single, widowed, married, divorced M
6. (b) Name of husband or wife ETHEL M 6. (c) Age of husband or wife if alive 57 years
7. Birth date of deceased OCT 26 1891
(Month) (Day) (Year)

8. AGE:	Years	Months	Days	If less than one day
	<u>56</u>	<u>2</u>	<u>1</u>	br. min.

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

10. Usual occupation COMMERCIAL AGENT

11. Industry or business G.M. + O. R.R.

12. Name FREDERICK J. YOUNG

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

14. Maiden name ANNA HAYNES

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

16. (a) Informant ETHEL YOUNG

(b) Address 5027 E WINONA AVE

17. (a) BURIAL (b) Date thereof 12-31-47
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation RESURRECTION CEM.

18. (a) Signature of funeral director KRIEGSHAUSER

(b) Address 4228 SO KINGS HIGHWAY

19. (a) DEC 29 1947 (b) J F Bredeck
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

- (a) State MO (b) County 600
(c) City or town ST LOUIS 17
(If outside city or town limits, write "RURAL")
(d) Street No. 5027 E WINONA AVE 9
(If rural, give location)
(e) Citizen of foreign country?..... (Yes or No)
If yes, name country.....

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Dec day 27
year 1947 hour 10 minute 35 P.

21. I hereby certify that I attended the deceased from Nov 19 1947 to Dec 27 1947
that I last saw him alive on Dec 27 1947
and that death occurred on the date and hour stated above.

Immediate cause of death Coronary occlusion by a

Due to.....

Due to.....

Other conditions.....
(Include pregnancy within 3 months of death)

Major findings:
Of operations.....

Of autopsy.....

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..... (e) Means of injury.....

23. Signature Vincent J. Casaldaro
Address Mo Pac Hosp Date signed 27 Dec 47

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

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

MOTHER FATHER

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.....

Richard W. Stoverand

Licensed Embalmer No.....

4007

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.