S. No. 2
M—1/47
5-17-39

FEDERAL SECURITY AGENCY
National Office of Vital Statistics
FILED MAR 22 1948

MISSOURI DIVISION OF HEALTH
STANDARD CERTIFICATE OF DEATH

State File No. 10929

Registration District No. 317 — Primary Registration District No. 3066 — Registrar's No. 620

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

1. PLACE OF DEATH:
(a) County St. Louis
(b) City or town Kirkwood (If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: 418 W. Rose Hill Ave. (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)

2. USUAL RESIDENCE OF DECEASED:
(a) State Missouri (b) County St. Louis
(c) City or town Kirkwood (If outside city or town limits, write "RURAL")
(d) Street No. 418 W. Rose Hill Ave. (If rural, give location)
(e) Citizen of foreign country? No (Yes or No)
If yes, name country

3. (a) PRINT FULL NAME Bessie Fae Young
3. (b) If veteran, name war
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 Joseph Young
6. (c) Age of husband or wife if alive 65 years
7. Birth date of deceased February (Month) 27 (Day) 1887 (Year)

8. AGE: Years 61 | Months 0 | Days 7 | If less than one day hr. min.

9. Birthplace Kansas City (City, town, or county) Missouri (State or foreign country)
10. Usual occupation Housewife
11. Industry or business
FATHER
12. Name Robert Anderson
13. Birthplace (City, town, or county) Illinois (State or foreign country)
MOTHER
14. Maiden name Hattie Wheeler
15. Birthplace (City, town, or county) Illinois (State or foreign country)
16. (a) Informant Mrs. Art Lee
(b) Address 418 W. Rose Hill, Kirkwood
17. (a) Cremation (Burial, cremation, or removal) (b) Date thereof 3/7/48 (Month) (Day) (Year)
(c) Place: burial or cremation Valhalla Crematory
18. (a) Signature of funeral director Louis H. Bopp, Inc.
(b) Address 131 W. Argonne Dr., Kirkwood
19. (a) 3-6-48 (Date received local registrar) (b) [signature] (Registrar's signature)

MEDICAL CERTIFICATION
20. DATE OF DEATH: Month March day 4 year 1948 hour 4 minute 30 P.M.
21. I hereby certify that I attended the deceased from 3/1, 1948, to 3/4, 1948; that I last saw her alive on 3/4, 1948; and that death occurred on the date and hour stated above.

	Duration
Immediate cause of death: Multiple myeloma	
Due to	
Due to 55	
Other conditions (Include pregnancy within 3 months of death)	
Major findings: Of operations	
Of autopsy	

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? (e) Means of injury
23. Signature J. D. Stoehle (M. D. or other) M.D.
Address 104 W. Adams, Kirkwood Date signed 3/5/48

Jefferson City Printing Co. (Licensed Embalmer's Statement on Reverse Side)

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 Peter B. Dubroulet

Licensed Embalmer No. 3691

P. O. Address Richmond Heights, 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.