

STANDARD CERTIFICATE OF DEATH

State File No.

24861

FILED JUL 28 1948

Registration District No.

1003

Registrar's No.

6424

1. PLACE OF DEATH:

(a) County St. Louis  
(b) City or town St. Louis  
(If outside city or town limits, write "RURAL" and name of township)  
(c) Name of hospital or institution:  
Homer G Phillips Hospital  
(If not in hospital or institution, write street number or location)  
(d) Length of stay: In hospital or institution 55 days  
(Specify whether  
In this community \_\_\_\_\_  
years, months or days)

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

4. Sex M 2 5. Color or race C 6. (a) Single, widowed, married, divorced married  
6. (b) Name of husband or wife Bessie 6. (c) Age of husband or wife if alive 64 years  
7. Birth date of deceased Nov 4th 1878  
(Month) (Day) (Year)

8. AGE: Years 69 Months 8 Days 13  
If less than one day hr. min.

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

10. Usual occupation Janitor

11. Industry or business \_\_\_\_\_

12. Name George Young Sr

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

14. Maiden name Wiley

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

16. (a) Informant George Young

(b) Address 4526 Newberry Terrace

17. (a) burial (b) Date thereof 7-21-48  
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Washington Park

18. (a) Signature of funeral director J. P. Radde

(b) Address 3133 Bell Ave

19. (a) JUL 20 1948 (b) J. P. Radde  
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County St. Louis  
(c) City or town St. Louis  
(If outside city or town limits, write "RURAL")  
(d) Street No. 4526 Newberry Terrace  
(If rural, give location)  
(e) Citizen of foreign country? \_\_\_\_\_ (Yes or No)  
If yes, name country \_\_\_\_\_

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month July 17 day 17  
year 1948 hour 8 minute 20p M.

21. I hereby certify that I attended the deceased from  
May 22 1948 to July 17 1948  
that I last saw him alive on July 17 1948  
and that death occurred on the date and hour stated above.

Immediate cause of death Bronchogenic Carcinoma, left. Duration Undet

Due to \_\_\_\_\_

Due to \_\_\_\_\_

Other conditions None  
(Include pregnancy within 8 months of death)

Major findings:  
Of operations \_\_\_\_\_

Of autopsy None

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) (Means of injury)

23. Signature Oslo P Daniels (M.D. or other) \_\_\_\_\_

Address 2601 N Whittier Date signed 7/19/48

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

800  
47  
39  
8906

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

*Fyler Hale*

, Registered Apprentice No. *221*

working under my personal supervision.

Signed

*J J Watson*

Licensed Embalmer No.

*269 f*

P. O. Address

*2769 Char*

**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.**