

FILED OCT 23 1948 318

Primary Registration District No. 1003

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: DePaul Hospital 0
(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 Texas (b) County Taylor 999
(c) City or town Abilene 111
(If outside city or town limits, write "RURAL")
(d) Street No. 1101 Albany 2
(If rural, give location)
(e) Citizen of foreign country? _____ (Yes or No)
If yes, name country _____

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Oct day 13
year 1948 hour 7 minute ann
21. I hereby certify that I attended the deceased from June 15 to Oct. 13 - 48
that I last saw him alive on Oct 12 - 1948
and that death occurred on the date and hour stated above.

Immediate cause of death Lymphosarcoma
generalized
Due to (at least 3 years)
Died to Broncho-Pneumonia 7 days
Other conditions (include pregnancy within 3 months of death)

Duration
7 days

Major findings: Biopsy diagnosis
Of operations _____
Of autopsy As above
Done at DePaul Hospital

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)
(e) Means of injury _____
23. Signature J. W. Hopper (M. D. or other)
Address 4952 Highland Date signed 10-13-48

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

4. Sex Male 0 5. Color or race White 6. (a) Single, widowed, married, divorced Married
6. (b) Name of husband or wife Lucille Young 6. (c) Age of husband or wife if alive 34 years

7. Birth date of deceased February 1907
(Month) (Day) (Year)

8. AGE: Years 41 Months 8 Days 7 If less than one day _____ hr. _____ min.

9. Birthplace Erath Co. Texas
(City, town, or county) (State or foreign country)

10. Usual occupation Drilling Sup't.
11. Industry or business Oil Fields

12. Name J.V. Young 9
13. Birthplace Unknown 9
(City, town, or county) (State or foreign country)
14. Maiden name Ella Schooler
15. Birthplace Unknown 9
(City, town, or county) (State or foreign country)

16. (a) Informant Mrs. Lucille Young
(b) Address Abilene, Texas
17. (a) Removal (b) Date thereof 10-13-48
(Burial, cremation, or removal) (Month) (Day) (Year)
(c) Place: burial or cremation Flora, Ill.

18. (a) Signature of funeral director Albert H. Hoppe
(b) Address 4700 Washington Blvd.

19. (a) OCT 13 1948 (b) J. H. Foster
(Date received local registrar) (Registrar's signature)

WRITE PLAINLY—USE 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..... *J. W. Wilkinson*.....

Licensed Embalmer No..... *3575*.....

P. O. Address..... *St. Louis 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.