No. 300
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FEDERAL SECURITY AGENCY
National Office of Vital Statistics

FILED DEC 14 1948

Registration District No. 318

MISSOURI DIVISION OF HEALTH

STANDARD CERTIFICATE OF DEATH

Primary Registration District No. 1003

State File No. 38831

Registrar's No. 10504

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

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: Josephine Hospital
(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

(c) City or town St. Louis
(If outside city or town limits, write "RURAL")

(d) Street No. 3232 Longfellow
(If rural, give location)

(e) Citizen of foreign country? (Yes or No)

If yes, name country

3. (a) PRINT FULL NAME W. Ridgely Young

3. (b) If veteran, name war

3. (c) Social Security No.

4. Sex Male

5. Color or race White

6. (a) Single, widowed, married, divorced Single

6. (b) Name of husband or wife

6. (c) Age of husband or wife if alive years

7. Birth date of deceased November 4, 1893
(Month) (Day) (Year)

8. AGE:

Years	Months	Days	If less than one day
55	0	28	hr. min.

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

10. Usual occupation Architect

11. Industry or business

FATHER
12. Name Walter M. Young
13. Birthplace Madisonville (City, town, or county) Ky. (State or foreign country)

MOTHER
14. Maiden name Annie M. Jorgensen
15. Birthplace Henderson (City, town, or county) Ky. (State or foreign country)

16. (a) Informant Mrs. Helon Young Reichardt
(b) Address 3232 Longfellow

17. (a) Cremation (Burial, cremation, or removal) (b) Date thereof 12-4-1948 (Month) (Day) (Year)
(c) Place: burial or cremation Valhalla Crematory

18. (a) Signature of funeral director Weick Bro. Und. Co
(b) Address 2201 S. Grand Bl.

19. (a) DEC 3 1948 (Date received local registrar) (b) J. B. Lasater (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month December day 2
year 1948 hour 10 minute 45 A.M.

21. I hereby certify that I attended the deceased from Aug 10, 1948, to Dec 2, 1948, that I last saw him alive on Dec 2, 1948; and that death occurred on the date and hour stated above.

Immediate cause of death Cirrhosis of liver — Duration 2 yrs

Due to

Due to

Other conditions
(Include pregnancy within 3 months of death)

Major findings:
Of operations

Of autopsy

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?
(Specify type of place)

While at work? (e) Means of injury

23. Signature N. M. Freund (M. D. or other)
Address 1703 S Grand Date signed 12/3/48

(Licensed Embalmer's Statement on Reverse Side)

Dr. N M Freund
1703 S Grand
11-12 30

MAR 28 1949

DEC 16 1948

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 James R Dunn

Licensed Embalmer No. 4527

P. O. Address 2201 S. Grand

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.