

FILED SEP 19 1949

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

29399

State File No.

BIRTH NO. _____		REG. DIST. NO. <u>42</u>		PRIMARY REG. DIST. NO. <u>5134</u>		Registrar's No. <u>982</u>	
1. PLACE OF DEATH				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)			
a. COUNTY Buchanan				a. STATE Missouri			
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN St. Joseph				b. COUNTY Buchanan			
c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN St. Joseph, Rural				c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN St. Joseph, Rural			
d. FULL NAME OF HOSPITAL OR INSTITUTION 4209 St. Joseph Ave.				d. STREET ADDRESS (If rural, give location) 4209 St. Joseph Ave.			
3. NAME OF DECEASED (Type or Print)		a. (First) Anna		b. (Middle) Helene		c. (Last) Young	
4. DATE OF DEATH (Month) (Day) (Year) September 8, 1949		5. SEX Female		6. COLOR OR RACE White		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Married	
8. DATE OF BIRTH January 14, 1871		9. AGE (In years last birthday) 78		10. KIND OF BUSINESS OR INDUSTRY At home		11. BIRTHPLACE (State or foreign country) Germany	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Housewife		10b. KIND OF BUSINESS OR INDUSTRY At home		11. BIRTHPLACE (State or foreign country) Germany		12. CITIZEN OF WHAT COUNTRY? U.S.A.	
13a. FATHER'S NAME Frederick Demske		13b. MOTHER'S MAIDEN NAME Juliana Douthman		14. NAME OF HUSBAND OR WIFE Peter P. Young			
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) No		16. SOCIAL SECURITY NO. None		17. INFORMANT'S SIGNATURE OR NAME ADDRESS Peter P. Young St. Joseph, Mo.			
18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c) *This does not mean the mode of dying, such as heart failure, asthma, etc. It means the disease, injury, or complication which caused death.		MEDICAL CERTIFICATION				INTERVAL BETWEEN ONSET AND DEATH	
		I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Thrombophlebitis, acute					
		ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) Generalized arteriosclerosis					
		DUE TO (c) Intertrochanteric fracture, left					
		II. OTHER SIGNIFICANT CONDITIONS* Conditions contributing to the death but not related to the disease or condition causing death.					
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION				20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	
21a. ACCIDENT SUICIDE HOMICIDE (Specify)		21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)		21c. (CITY, TOWN, OR TOWNSHIP) St. Joseph, Mo.			
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) (Min.)		21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21f. HOW DID INJURY OCCUR?			
22. I hereby certify that I attended the deceased from March 9, 1946 , to Sept 8, 1949 , that I last saw the deceased alive on Sept 8, 1949 , and that death occurred at 11:00 a.m. , from the causes and on the date stated above.							
23a. SIGNATURE Louis G. Neudorff, M.D.				23b. ADDRESS 902 Edmund St. St. Joseph, Mo.		23c. DATE SIGNED 9-10-49	
24a. BURIAL, CREMATION, REMOVAL (Specify) Burial		24b. DATE Sept. 12, 1949		24c. NAME OF CEMETERY OR CREMATORY Ashland Cemetery		24d. LOCATION (City, town, or county) (State) St. Joseph, Missouri	
DATE REC'D BY LOCAL REG. Sept 12, 1949		REGISTRAR'S SIGNATURE G. B. Jenkins		FUNERAL DIRECTOR'S SIGNATURE ADDRESS Walter Meierhoff 1946 Colhoun St. St. Joseph, Mo.			

(Licensed Embalmer's Statement on Reverse Side)

WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD—DO NOT USE UNFADING BLACK INK—MAKE A PERMANENT RECORD—DO NOT

OCT 13 1953

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, ~~****~~*****

Student Embalmer No. *****

working under my personal supervision.

Student

Student Embalmer

Signed

Raymond H. Marcher
Licensed Embalmer No. 4413 Missouri.

P. O. Address St. Joseph, 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.