

FILED OCT 5 1950

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 32266

317

BIRTH NO. _____ REG. DIST. NO. _____ PRIMARY REG. DIST. NO. 6076 Registrar's No. 2203

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

1. PLACE OF DEATH a. COUNTY <i>St. Louis</i>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE <i>Missouri</i> b. COUNTY <i>2269</i>	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <i>Manchester</i>		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <i>St. Louis</i>	
c. LENGTH OF STAY (in this place) <i>2 yrs 3 mo</i>		d. STREET ADDRESS (If rural, give location) <i>1521 a. Westclan</i>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <i>Pine Crest Nursing Home</i>			
3. NAME OF DECEASED a. (First) <i>Henry</i> b. (Middle) <i>Youngerman</i> c. (Last) <i></i>		4. DATE OF DEATH (Month) (Day) (Year) <i>9-16-50</i>	
5. SEX <i>Male</i>	6. COLOR OR FACE <i>White</i>	MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <i>Unknown</i>	8. DATE OF BIRTH <i>March 29-1878</i>
9. AGE (In years last birthday) <i>72</i>	10. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <i>Unknown</i>	11. BIRTHPLACE (State or foreign country) <i>Germany</i>	12. CITIZEN OF WHAT COUNTRY? <i>4</i>
10b. KIND OF BUSINESS OR INDUSTRY <i>Unknown</i>	13a. FATHER'S NAME <i>Unknown</i>	13b. MOTHER'S MAIDEN NAME <i>Unknown</i>	14. NAME OF HUSBAND OR WIFE <i>Unknown</i>
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown) <i>No</i>	16. SOCIAL SECURITY NO. <i>none</i>	17. INFORMANT'S SIGNATURE OR NAME <i>Pine Crest Nursing Home</i> ADDRESS <i></i>	
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 I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <i>Chronic Myocarditis</i> ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <i>Atherosclerosis</i> DUE TO (c) _____ 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 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) _____ (COUNTY) _____ (STATE) _____	
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) _____	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 _____, 19____, to _____, 19____, that I last saw the deceased alive on _____, 19____, and that death occurred at <i>9 a m.</i> , from the causes and on the date stated above.			
23a. SIGNATURE <i>R. D. Jansen</i> (Degree or title) <i>M.D.</i>		23b. ADDRESS <i>Manchester Mo</i>	23c. DATE SIGNED <i>9/16/50.</i>
24a. BURIAL, CREMATION, REMOVAL (Specify) <i>Burial</i>	24b. DATE <i>Sept. 19-50</i>	24c. NAME OF CEMETERY OR CREMATORY <i>Calvary Cemetery</i>	24d. LOCATION (City, town, or county) (State) <i>St. Louis Mo.</i>
DATE REC'D BY LOCAL REG. <i>SEP 18 1950</i>	REGISTRAR'S SIGNATURE <i>Herbert R. Donke</i>	25. FUNERAL DIRECTOR'S SIGNATURE <i>McCaullinane Bros</i> ADDRESS <i>3320 1/2 Kingshighway</i>	

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.....

.....
working under my personal supervision.

Student Embalmer No.

Student
Student Embalmer

Signed

Fred Frick

Licensed Embalmer No. *3186*

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.