No. 300
10.48

FILED FEB 6 1951

# STANDARD CERTIFICATE OF DEATH

State File No. 3174

BIRTH NO. #118479 REG. DIST. NO. 318 PRIMARY REG. DIST. NO. 1003 Registrar's No. 825

**1. PLACE OF DEATH**
a. COUNTY: St. ~~Louis~~,
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): St.Louis,Mo.
c. LENGTH OF STAY (In this place): 12 Days
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): St.Louis City Hospital #1.

**2. USUAL RESIDENCE** (Where deceased lived. If institution: residence before admission).
a. STATE: Missouri
b. COUNTY:
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): St. Louis, 2079
d. STREET ADDRESS (If rural, give location): 4011 Darbey St.

**3. NAME OF DECEASED** (Type or Print)
a. (First): IGNATIUS
b. (Middle):
c. (Last): YOUNG

**4. DATE OF DEATH** (Month) (Day) (Year): Jan.25th,1951

**5. SEX**: Male 0
**6. COLOR OR RACE**: White
**7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED** (Specify): Married
**8. DATE OF BIRTH**: May 15, 1876.
**9. AGE** (In years last birthday): 74 — If under 1 year: Months 8, Days 6 — If under 24 hrs.: Hours, Min.

**10a. USUAL OCCUPATION** (Give kind of work done during most of working life, even if retired): Watchman
**10b. KIND OF BUSINESS OR INDUSTRY**: Private.
**11. BIRTHPLACE** (State or foreign country): Ireland. 4
**12. CITIZEN OF WHAT COUNTRY?**: U.S.A.

**13a. FATHER'S NAME**: John Young
**13b. MOTHER'S MAIDEN NAME**: Hanna Hennesing
**14. NAME OF HUSBAND OR WIFE**: Mary Young

**15. WAS DECEASED EVER IN U.S. ARMED FORCES?** (Yes, no, or unknown): No — (If yes, give war or dates of service): None
**16. SOCIAL SECURITY NO.**: 490, 22, 6089
**17. INFORMANT'S SIGNATURE OR NAME**: Mary Young — ADDRESS: 4011 Darby St.

**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, asthenia, etc. It means the disease, injury, or complication which caused death.*

**MEDICAL CERTIFICATION**

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Multiple Myeloma

ANTECEDENT CAUSES
*Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.*
DUE TO (b)
DUE TO (c)

II. OTHER SIGNIFICANT CONDITIONS
*Conditions contributing to the death but not related to the disease or condition causing death.*

INTERVAL BETWEEN ONSET AND DEATH

**19a. DATE OF OPERATION**
**19b. MAJOR FINDINGS OF OPERATION**
**20. AUTOPSY?** YES ☐ NO ☐

**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) m.
**21e. INJURY OCCURRED** WHILE AT WORK ☐ NOT WHILE AT WORK ☐
**21f. HOW DID INJURY OCCUR?** 202X

22. *I hereby certify that I attended the deceased from* 1/13/51, 19__, to 1/25/51, 19__, *that I last saw the deceased alive on* 1/25/51, 19__, *and that death occurred at* 5:17 am., *from the causes and on the date stated above.*

**23a. SIGNATURE** (Degree or title): W. J. Kutryb, M. D.
**23b. ADDRESS**: 1515 Lafayette Ave.,
**23c. DATE SIGNED**: 1/25/51

**24a. BURIAL, CREMATION, REMOVAL** (Specify): Burial
**24b. DATE**: Jan27,1951
**24c. NAME OF CEMETERY OR CREMATORY**: Calvary Cemetery
**24d. LOCATION** (City, town, or county) (State): St. Louis, Mo

DATE REC'D BY LOCAL REG.: JAN 26 1951
REGISTRAR'S SIGNATURE: [signature]
**25. FUNERAL DIRECTOR'S SIGNATURE** ADDRESS: Buchholz Koeller 5967 W Florissant Av

(Licensed Embalmer's Statement on Reverse Side)

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

JUL 2 1953

JUL 2

## 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.....

Signed Robert M. Murray

Signed.....
Student Embalmer

Licensed Embalmer No. 3749

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.**