

STANDARD CERTIFICATE OF DEATH

State File No. 10792

APR 12 1952

Registrar's No. 2723

BIRTH NO. _____		REG. DIST. NO. 318		PRIMARY REG. DIST. NO. 1003		State File No. 10792		Registrar's No. 2723			
1. PLACE OF DEATH a. COUNTY _____				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE Mo. b. COUNTY _____							
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN St. Louis				c. LENGTH OF STAY (In this place) 48 yrs		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN St. Louis 2199					
d. FULL NAME OF HOSPITAL OR INSTITUTION 361 N. Boyle				d. STREET ADDRESS (If rural, give location) 361 N. Boyle							
3. NAME OF DECEASED (Type or Print) NATHANIEL			a. (First)		b. (Middle)		c. (Last) YOUNG		4. DATE OF DEATH (Month) (Day) (Year) Mar. 21, 1952		
5. SEX Male 0		6. COLOR OR RACE White		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Married 1		8. DATE OF BIRTH May. 2, 1894		9. AGE (In years last birthday) 57		# UNDER 1 YEAR Months Days # UNDER 1 MTH. Hours Min.	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Merchant			10b. KIND OF BUSINESS OR INDUSTRY Grocer			11. BIRTHPLACE (State or foreign country) Philadelphia Pa. /			12. CITIZEN OF WHAT COUNTRY? USA		
13a. FATHER'S NAME Benj. Young				13b. MOTHER'S MAIDEN NAME Diana Romberg				14. NAME OF HUSBAND OR WIFE Sarah			
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) No		16. SOCIAL SECURITY NO. (If yes, give war or dates of service) unk		17. INFORMANT'S SIGNATURE OR NAME ADDRESS Sarah Young 361 No. Boyle							
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.				19. MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Coronary Occlusion ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) Arteriosclerosis DUE TO (c) Diabetes Mellitus II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.						INTERVAL BETWEEN ONSET AND DEATH 1 day 2 yrs 5 yrs	
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) (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? 2ndX						
22. I hereby certify that I attended the deceased from June 1946, to 3/20, 1952, that I last saw the deceased alive on 3/23, 1952, and that death occurred at 8:20 p.m., from the causes and on the date stated above.											
23a. SIGNATURE N. L. Mistachkin M.D. (Degree or title)					23b. ADDRESS 3903 Olive			23c. DATE SIGNED 3/22/52			
24a. BURIAL, CREMATION, REMOVAL (Specify) Removal		24b. DATE 3/28/52		24c. NAME OF CEMETERY OR CREMATORY Gheseed Shel Emeth			24d. LOCATION (City, town, or county) (State) University City, Mo.				
DATE REC'D BY LOCAL REG. MAR 24 1952		REGISTRAR'S SIGNATURE J. Carl Smith MD			25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS Berger Memorial 4715 McPherson						

(Licensed Embalmer's Statement on Reverse Side)

WRITE PLAINLY—USING 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.....

.....
working under my personal supervision.

Signed.....
Student Embalmer

Student Embalmer No.....

Signed *Quirio A. Quindiano*

Licensed Embalmer No. *7239*

P. O. Address.....

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.