FILED SEP 11 1957

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

30493
STATE FILE NUMBER

Registration District No. 317 Primary Registration District No. 500 Registrar's No. 2087

1. PLACE OF DEATH
a. COUNTY: St. Louis
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN: Koch, Mo. Inside Limits: Yes X No ☐
c. FULL NAME OF HOSPITAL OR INSTITUTION (If NOT in hospital, give location): Robert Koch Length of stay in Hospital: 51 days

2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)
a. STATE: Mo. b. COUNTY: ~~St. Louis City~~
c. CITY OR TOWN: St. Louis Inside Limits: Yes ☐ No ☐
d. STREET ADDRESS (If outside, give location): 2209 Madison Reside on Farm: Yes ☐ No ☐

3. NAME OF DECEASED (Type or print): First: Charles Middle: G. Last: Youngerman
4. DATE OF DEATH: Month 8 Day 20 Year 57
5. SEX: Male
6. COLOR OR RACE: White
7. MARRIED ☒ NEVER MARRIED ☐ WIDOWED ☐ DIVORCED ☐
8. DATE OF BIRTH: 4-28-06
9. AGE (In years last birthday): 51 IF UNDER 1 YEAR: Months Days IF UNDER 24 HRS.: Hours Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Driver
10b. KIND OF BUSINESS OR INDUSTRY: Laundry
11. BIRTHPLACE (City and state or country): St. Louis, Mo.
12. CITIZEN OF WHAT COUNTRY? U.S.A.
13. FATHER'S NAME: George Youngerman
14. MOTHER'S MAIDEN NAME: Christine Thalheimer
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): No (If yes, give war or dates of service): —
16. SOCIAL SECURITY NO.: 489-14-2476
17. INFORMANT: Ruth Youngermann Address: 2209 Madison

MEDICAL CERTIFICATION

18. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c).]
PART I. DEATH WAS CAUSED BY:
IMMEDIATE CAUSE (a): Tuberculosis
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.
DUE TO (b): Carcinoma Lung
DUE TO (c):
INTERVAL BETWEEN ONSET AND DEATH: 3 Mos.
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I(a): 002XH
19. WAS AUTOPSY PERFORMED? YES ☒ NO ☐
20a. ACCIDENT ☐ SUICIDE ☐ HOMICIDE ☐
20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Part I or Part II of item 18.)
20c. TIME OF INJURY: Hour a.m. p.m. Month, Day, Year
20d. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐
20e. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)
20f. CITY, TOWN, OR LOCATION COUNTY STATE
21. I attended the deceased from 6-11-57 to 8-20-57 and last saw her/him alive on 8-22-57
Death occurred at 1:55 A.m. on the date stated above; and to the best of my knowledge, from the causes stated.
22a. SIGNATURE: [illegible] (Degree or title) MD
22b. ADDRESS: Robert Koch Office Koch Mo
22c. DATE SIGNED: 8-20-57

23a. BURIAL, CREMATION, REMOVAL (Specify): Burial
23b. DATE: 8-22-57
23c. NAME OF CEMETERY OR CREMATORY: Friedens
23d. LOCATION (City, town, or county) (State): St. Louis Co. Mo
24. FUNERAL DIRECTOR: E.J. Schnur ADDRESS: 3125 Lafayette
25. DATE RECD. BY LOCAL REG.: 8-21-57
26. REGISTRAR'S SIGNATURE: Herbert R. Donck MD

(Licensed Embalmer's Statement on Reverse Side)

USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE

diseases in Part I must be casually related. Coroner cannot certify to a death due to natural causes.

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was e

by me, or by ....., Student Embalmer No.....

working under my personal supervision..

Student.....
Signature of Student Embalmer

Signed Jos B Dollmer

Licensed Embalmer No. 40

P. O. Address 3 Rd Lafa

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. to comply with the above constitutes grounds for revocation of license).

If embalmed by a STUDENT, he also shall sign in his OWN handwriting.

If this body is not embalmed, fact should be so stated above.