

REC'D AUG 11 1939 **791**
Registration District No. **1008**

Primary Registration District No. _____

1. PLACE OF DEATH:

(a) County _____
(b) City or town St. Louis, Missouri
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: City Hospital
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution Hosp. 50 days
(Specify whether _____)
In this community 40 years
(years, months or days)

3. (a) PRINT FULL NAME Peter Young **520**

3. (b) If veteran, name war No
3. (c) Social Security No. None

4. Sex Male 5. Color or race White
6. (a) Single, widowed, married, divorced Divorce

6. (b) Name of husband or wife _____ 6. (c) Age of husband or wife if alive _____ years

7. Birth date of deceased Nov. 23, 1895
(Month) (Day) (Year)

8. AGE: Years 53 Months 7 Days 13 If less than one day _____ hr. _____ min.

9. Birthplace Bellville, Ill.
(City, town, or county) (State or foreign country)

10. Usual occupation Commissary Clerk

11. Industry or business R. R. Construction Co.

12. Name Peter Yung

18. Birthplace Belleville, Ill.
(City, town, or county) (State or foreign country)

14. Maiden name Anna Hennecke

15. Birthplace St. Louis, Mo.
(City, town, or county) (State or foreign country)

16. (a) Informant's own signature Lydna Young

(b) Address 2201 Madison St.

17. (a) Burial (b) Date thereof July 8, 1939
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation St. Matthews Cem.

18. (a) Signature of funeral director Wiedmeyer & Oona

(b) Address 3934 N. 20th St.

19. (a) JUL 7 1939 (b) J. J. [Signature]
(Date received local registrar) (Signature of registrar)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County _____
(c) City or town St. Louis **20**
(If outside city or town limits, write "RURAL")
(d) Street No. 2201 Madison
(If rural, give location)
(e) If foreign born, how long in U. S. A. _____ years.

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month July day 6
year 1939 hour 10:00 minute _____ A. M.

21. I hereby certify that I attended the deceased from 5/18/39
_____, 19____, to 7/6/39, 19____;

that I last saw him alive on 7-6, 19____, and that death occurred on the date and hour stated above.

Immediate cause of death Chronic Myocarditis
Chronic Valvular Heart Disease

Due to _____

Due to _____

Other conditions Syphilis
(Include pregnancy within 3 months of death)

Major findings: Of operations _____

Of autopsy _____

22. If death was due to external causes, fill in the following:

(a) Accident, suicide, or homicide (specify) _____

(b) Date of occurrence _____

(c) Where did injury occur? _____ (City or town) (County) (State)

(d) Did injury occur in or about home, on farm, in industrial place, in public place? _____

While at work? _____ (Specify type of place) (a) Means of injury _____

23. Signature Wm. Pike (M. D. or other) _____

Address City Hospital Date signed _____

Duration

PHYSICIAN

Underline the cause to which death should be charged statistically

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important.

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 _____

Geo. Schubert, Registered Apprentice No. _____
working under my personal supervision.

Signed Geo. H. Schubert

Licensed Embalmer No. 2212

P. O. Address 5118 E. N. Pungshigh

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, above space should be left blank.