

Registration District No. 791

Primary Registration District No. 1003

1. PLACE OF DEATH:

(a) County ST. LOUIS
(b) City or town ST. LOUIS
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution:
BETHESDA GENERAL
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution 2 Days
(Specify whether years, months or days) 25 yrs.

3. (a) PRINT FULL NAME JAMES HENRY YOUNG
3. (b) If veteran, name war _____ 3. (c) Social Security No. _____

4. Sex MALE 5. Color or race WHITE 6. (a) Single, widowed, married, divorced Widow
6. (b) Name of husband or wife Unknown 6. (c) Age of husband or wife if alive _____ years
7. Birth date of deceased 9 - May 19 1870
(Month) (Day) (Year)

8. AGE: Years 69 Months 9 Days 15 If less than one day _____ hr. _____ min.

9. Birthplace Palmyra (City, town, or county) Missouri (State or foreign country)

10. Usual occupation Palmyra

11. Industry or business _____

MOTHER FATHER
12. Name CHARLES YOUNG
13. Birthplace Missouri (City, town, or county) (State or foreign country)
14. Maiden name EMMA CATHERINE YOUNG
15. Birthplace Missouri (City, town, or county) (State or foreign country)

16. (a) Informant's own signature Minnie Taylor
(b) Address 24 Tuttle St. St. Louis Park
17. (a) Removal (Burial, cremation, or removal) (b) Date thereof 3-15-1940 (Month) (Day) (Year)
(c) Place: burial or cremation Lebanon Ch.

18. (a) Signature of funeral director Wm. S. Dineen
(b) Address 1111 W. 11th St. St. Louis, Mo.
19. (a) MAR 5 1940 (Date received local registrar) (b) _____ (Signature of registrar)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County ST LOUIS
(c) City or town KENTON PARK #111
(If outside city or town limits, write "RURAL")
(d) Street No. 24 Tuttle St. Louis Park
(If rural, give location)
(e) If foreign born, how long in U. S. A. _____ years

MEDICAL CERTIFICATION
20. DATE OF DEATH: Month 3/4/40 day 4
year 1940 hour _____ minute 40 A M.
21. I hereby certify that I attended the deceased from 3/2/40
19 40 to 3/4 19 40
that I last saw him alive on 3/4/40 19 _____
and that death occurred on the date and hour stated above.

Immediate cause of death	Duration
<u>Cardiac failure</u>	
Due to <u>arteriosclerosis</u>	
<u>acute myocarditis following</u>	
Due to <u>dehydration & malnutrition</u>	
Other conditions <u>Dehydration & Malnutrition</u> (include pregnancy within 3 months of death)	
Major findings: <u>emaciation</u>	
Of operations _____	
Of autopsy <u>over</u>	

PHYSICIAN _____
Underline the cause to which death should be charged statistically

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide (specify) suicide
(b) Date of occurrence suicide
(c) Where did injury occur? suicide (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. S. Dineen (M. D. or other)
Address Bethesda Park Date signed _____

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

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.

T. E. Scherger
Bethesda Hospital

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.....

....., Registered Apprentice No.
working under my personal supervision.

myself

Signed.....

[Signature]

Licensed Embalmer No. *22* *66111*

P. O. Address. *2512 c Thomas St*

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.