FILED APR 15 1940

. S. No. 2
1—11-10-39
ev. 5-17-39
I X21492

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

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

MISSOURI STATE BOARD OF HEALTH

STANDARD CERTIFICATE OF DEATH

State File No. 9465

Registration District No. 791 Primary Registration District No. 1003 Registrar's No. 2948

1. PLACE OF DEATH:

(a) County
(b) City or town St. Louis
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: Lutheran Hospital
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution 7 weeks (Specify whether
In this community 73 years
years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County
(c) City or town St. Louis 16
(If outside city or town limits, write "RURAL")
(d) Street No. 4164 Arsenal Street
(If rural, give location)
(e) If foreign born, how long in U. S. A.? 73 years.

3. (a) PRINT FULL NAME Mary Ann Young

3. (b) If veteran, name war no

3. (c) Social Security No. no

4. Sex Female

5. Color or race White

6. (a) Single, widowed, married, divorced Widowed

6. (b) Name of husband or wife Alexander Young

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

7. Birth date of deceased May 8, 1861
(Month) (Day) (Year)

8. AGE:

Years	Months	Days	If less than one day
78	10	20	hr. min.

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

10. Usual occupation At home

11. Industry or business

FATHER
12. Name Taylor
13. Birthplace England
(City, town, or county) (State or foreign country)

MOTHER
14. Maiden name Unknown
15. Birthplace England
(City, town, or county) (State or foreign country)

16. (a) Informant Mrs. Walter Kreutzer
(b) Address 4164 Arsenal St., St. Louis, Mo.

17. (a) burial (Burial, cremation, or removal) (b) Date thereof 3/30/40
(Month) (Day) (Year)
(c) Place: burial or cremation New St. Marcus Cemetery

18. (a) Signature of funeral director J. Hoffmeister
(b) Address 7814 S. Bway, St. Louis, Mo.

19. (a) MAR 29 1940 (Date filed local registrar) J. F. Bredick (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month 28 day March
year 1940 hour 1 minute 40 P M.

21. I hereby certify that I attended the deceased from Feb 10, 1939, to March 28, 1940;
that I last saw her alive on 3 - 28, 1940;
and that death occurred on the date and hour stated above.

	Duration
Immediate cause of death General arteriosclerosis, Chronic myocarditis, Senility	2 years
Due to Fracture Rt Hip (OK) by Dr Glaser Coroner	3 months
Due to	
Other conditions (Include pregnancy within 3 months of death)	
Major findings: Of operation	
Of autopsy	

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) Accident
(b) Date of occurrence Dec 28 1939
(c) Where did injury occur? St Louis Mo
(City or town) (County) (State)
(d) Did injury occur in or about home, on farm, in industrial place, in public place? Home
(Specify type of place)
While at work? (e) Means of injury Fall

23. Signature N. S. Langdon (M. D. or other)
Address 3115 St Grand Date signed 3/29/40

(Licensed Embalmer's Statement on Reverse Side)

Dr. H. Langsdorf
3115 S. Grand
3 - 5 P.M.

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.

Signed Edwin H. Leibinger

Licensed Embalmer No. 4049

P. O. Address 6464 Chippewa.

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.