

Registration District No. **784**

Primary Registration District No. **111**

Registrar's No. **1197**

1. PLACE OF DEATH:

(a) County **St. Louis**
(b) City or town **Richmond Heights**
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution:
St. Mary's Hospital
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution **2-Weeks**
In this community **40 Years**
(Specify whether years, months or days)

3. (a) PRINT FULL NAME **George Douglas Young 520**

3. (b) If veteran, name war _____ 8. (c) Social Security No. **716-01-9474**

4. Sex **M.** 5. Color or race **W.** 6. (a) Single, widowed, married, divorced **M.**

6. (b) Name of husband or wife **Clare K. Young** 6. (c) Age of husband or wife if alive **51** years

7. Birth date of deceased **Aug. 9, 1882**
(Month) (Day) (Year)

8. AGE: Years Months Days If less than one day
57 10 14 hr. min.

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

10. Usual occupation **Traveling Freight Agent**

11. Industry or business **Penn. R.R.**

MOTHER FATHER { 12. Name **Thomas Young**
13. Birthplace **Ky.**
14. Maiden name **Laura Boyce**
15. Birthplace **Ind.**

16. (a) Informant **Mrs. Clare K. Young**

(b) Address **5841 Cabanne Ave.**

17. (a) **Burial** (b) Date thereof **6-25-40**
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation **New S. S. Peter & Paul**

18. (a) Signature of funeral director **Arthur J. Donnelly**

(b) Address **3840 Lindell Blvd.**

19. (a) **JUN 24 1940** (Date received local registrar) (b) **[Signature]** (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State **Mo.** (b) County _____
(c) City or town **St. Louis**
(If outside city or town limits, write "RURAL")
(d) Street No. **5841 Cabanne Ave.**
(If rural, give location)
(e) If foreign born, how long in U. S. A. ? _____ years.

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month **6** day **23**
74 year **1940** hour **9** minute **30 a.** M.

21. I hereby certify that I attended the deceased from **6-8** 19**40**, to **6-23** 19**40**;
that I last saw him alive on **6-22** 19**40**;
and that death occurred on the date and hour stated above.

Immediate cause of death
Toxemia
Paralytic ileus
Due to **Generalized peritonitis**
Due to **Ruptured appendicitis**
Other conditions (Include pregnancy within 3 months of death)

Major findings: **Gangrenous Appendicitis**
Of operations _____
Of autopsy **[Signature]**

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) (e) Means of injury _____

23. Signature **Thos. M. Martin** (M. D. or other) **[Signature]**
Address **607 no grand** Date signed **6/23**

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

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JUL 15 1940

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 *Stanley Marshall*

Licensed Embalmer No. *2868*

P. O. Address *3840 Kendall*

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.