

p. 2
13-40
7-39

DEPARTMENT OF COMMERCE

BUREAU OF THE CENSUS

JAN 15 1940 791 1

Registration District No.

MISSOURI STATE BOARD OF HEALTH

STANDARD CERTIFICATE OF DEATH

1003

Primary Registration District No.

State File No. 40372

Registrar's No. 10143

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

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: City Hospital
(If not in hospital or institution, write street number and location)
(d) Length of stay: In hospital or institution 1 da (Specify whether
In this community 11 years, months or days)

3. (a) PRINT FULL NAME Duke Richard 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 single

6. (b) Name of husband or wife --- 6. (c) Age of husband or wife if alive 1940 years

7. Birth date of deceased Nov 22 (Month) (Day) (Year)

8. AGE: Years Months Days If less than one day 11 hr. min.

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

10. Usual occupation ---

11. Industry or business ---

12. Name Joseph Young

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

14. Maiden name Virginia Johnson

15. Birthplace West Virginia (City, town, or county) (State or foreign country)

16. (a) Informant Virginia Johnson

(b) Address 2637 Russell

17. (a) burial (b) Date thereof 12-11-40 (Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Mt. Hope

18. (a) Signature of funeral director Fendler Und. Co.

(b) Address 7420 Michigan Ave.

19. (a) DEC 10 1940 (b) J. H. Bredich (Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County ---
(c) City or town St. Louis, Mo. 23
(If outside city or town limits, write "RURAL")
(d) Street No. 2637 Russell
(If rural, give location)
(e) If foreign born, how long in U. S. Physician years.

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month 12 day 9
year 1940 hour 12.40 minute 0 P. M.

21. I hereby certify that I attended the deceased from _____, 19____, to _____, 19____;

that I last saw him alive on _____, 19____; and that death occurred on the date and hour stated above.

Immediate cause of death

Bronchial Pneumonia and Epidural Hemorrhage along the cerebella areas.

Due to _____

Other conditions (Include pregnancy within 3 months of death)

Major findings: Of operations 160 b

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)

(e) Means of injury _____

23. Signature Joseph H. Bredich (M. D. or other)

Address Deputy Date Signed _____

Duration

PHYSICIAN

Underline the cause to which death should be charged statistically.

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 *Charles E. Funder*

Licensed Embalmer No. *4148*

P. O. Address *St. Louis, Mo.*

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, fact should be so stated above.