

No. 2
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5-17-39
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DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS
FEB 11 1941

MISSOURI STATE BOARD OF HEALTH
STANDARD CERTIFICATE OF DEATH

20102
42720
State File No. 42720
Registrar's No. 215

Registration District No. 7800 Primary Registration District No. 200

96
0
0
WRITE PLAINLY—USE UNFADING BLACK INK—MAKE A PERMANENT RECORD

1. PLACE OF DEATH: St. Louis
(a) County
(b) City or town Lemay
(c) Name of hospital or institution: Lemay Mo.
(d) Length of stay: In hospital or institution
In this community 50 Years

2. USUAL RESIDENCE OF DECEASED:
(a) State Mo. (b) County St. Louis
(c) City or town Lemay Mo
(d) Street No. Tel. Rd.
(e) If foreign born, how long in U. S. A. years.

3. (a) PRINT FULL NAME Herman Younker
(b) If veteran, name war No
(c) Social Security No. No

MEDICAL CERTIFICATION
20. DATE OF DEATH: Month Jan. day 28th.
year 1941 hour 5 minute 25 P.M.

4. Sex Male 5. Color or race White
6. (a) Single, widowed, married, divorced Married
6. (b) Name of husband or wife Margaret Younker
6. (c) Age of husband or wife if alive 68 years
7. Birth date of deceased Dec 25 1862

21. I hereby certify that I attended the deceased from June 8th., 1936 to Jan. 28th., 1941
that I last saw him alive on Jan. 27th., 1941
and that death occurred on the date and hour stated above.

8. AGE: Years 78 Months 1 Days 3
If less than one day hr. min.

Immediate cause of death Chronic myocarditis and myocardial degeneration 10 yrs.
Due to Chronic nephritis 18 Mon.

9. Birthplace Mo. (City, town, or county) None. (State or foreign country)

Due to 13/A
Other conditions (Include pregnancy within 3 months of death)
Major findings: Of operations
Of autopsy

10. Usual occupation None
11. Industry or business
12. Name Bernard Younker
13. Birthplace Germany (City, town, or county) (State or foreign country)
14. Maiden name Unknown
15. Birthplace Germany (City, town, or county) (State or foreign country)

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

16. (a) Informant Margaret Younker
(b) Address Lemay Mo.
17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 1-28-41 (Month) (Day) (Year)
(c) Place: burial or cremation Mt. Olive
18. (a) Signature of funeral director Fendler Und' Co.
(b) Address 7420
19. (a) (Date received local registrar) (b) Registrar's 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 E. Martin (M, D, or other) D.C.
Address 6500 S. Broadway Date signed 1/29/41

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.....

Oliver E. Ruddle

Licensed Embalmer No.....

4148

P. O. Address.....

744 9th Ave

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.