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DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

FILED JUN 25 1941

MISSOURI STATE BOARD OF HEALTH

STANDARD CERTIFICATE OF DEATH

State File No. 16788

Registration District No. 7911 Primary Registration District No. 1003 Registrar's No. 4306

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

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17
9

1. PLACE OF DEATH:

(a) County

(b) City or town St Louis Mo.
(If outside city or town limits, write "RURAL" and name of township)

(c) Name of hospital or institution: BARNES HOSPITAL
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution 4 hr, 55 min (Specify whether
In this community years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Montgomery 70

(c) City or town New Florence N.R. 0
(If outside city or town limits, write "RURAL")

(d) Street No.
(If rural, give location)

(e) If foreign born, how long in U. S. A.? 1 years.

3. (a) PRINT FULL NAME Ralph Arnold Young

3. (b) If veteran, name war Unknown

3. (c) Social Security No. Unknown

4. Sex Male 0

5. Color or race White

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

6. (b) Name of husband or wife Pauline

6. (c) Age of husband or wife if alive 34 years

7. Birth date of deceased March (Month) 27 (Day) 1906 (Year)

8. AGE:

Years	Months	Days	If less than one day
35	1	23	hr. min.

9. Birthplace New Florence (City, town, or county) 0 Missouri (State or foreign country)

10. Usual occupation Barber

11. Industry or business

FATHER
12. Name Joseph Young
13. Birthplace Foristell (City, town, or county) 0 Missouri (State or foreign country)

MOTHER
14. Maiden name Lydia Willis
15. Birthplace Troy (City, town, or county) 0 Missouri (State or foreign country)

16. (a) Informant Mrs. Pauline Young
(b) Address New Florence, Mo.

17. (a) Removal (Burial, cremation, or removal) (b) Date thereof 5/22/41 (Month) (Day) (Year)
(c) Place: burial or cremation New Florence, Mo.

18. (a) Signature of funeral director Albert H. Hoppe
(b) Address 4700 Washington Ave.

19. (a) MAY 22 1941 (Date received local registrar) (b) J. T. Brodeck (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month May day 20
year 1941 hour 8 55 minute P M.

21. I hereby certify that I attended the deceased from May 20 4 PM, 1941, to 8 55 PM May 20 1941;
that I last saw him alive on May 20, 1941;
and that death occurred on the date and hour stated above.

	Duration
Immediate cause of death: Brain abscess, rt. frontal lobe surrounding meningitis	
Due to: Osteomyelitis skull	
Due to: Rt. frontal sinusitis	
Other conditions (Include pregnancy within 3 months of death): Hypostatic Pneumonia unspecified nontubercular both lower lobes	

Major findings:
Of operations
Of autopsy As above

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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)
(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?
(Specify type of place)
While at work? (e) Means of injury

23. Signature [signature] (M. D. or other) 0
Address BARNES HOSPITAL Date signed

(Licensed Embalmer's Statement on Reverse Side)

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 Wilford G Burnley

Licensed Embalmer No. 4202 J

P. O. Address .....

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.