S. No. 2
M—9-4-41
v. 5-17-39
I X29484

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. 9439

FILED APR 8 1942

Registration District No. 791

Primary Registration District No. 1003

Registrar's No. 2309

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:
St. Lukes Hospital
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution 5 days (Specify whether years, months or days)
In this community

2. USUAL RESIDENCE OF DECEASED:
(a) State Illinois (b) County St Clair
(c) City or town East St Louis R.R#1
(If outside city or town limits, write "RURAL")
(d) Street No. Mc Bride Ave
(If rural, give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country

3. (a) PRINT FULL NAME George Simon Young
3. (b) If veteran, name war No
3. (c) Social Security No. 702-09-7295
4. Sex Male
5. Color or race White
6. (a) Single, widowed, married, divorced Married
6. (b) Name of husband or wife Pearl E. Young
6. (c) Age of husband or wife if alive 49 years
7. Birth date of deceased Feb. 7 1889 (Month) (Day) (Year)

8. AGE: Years	Months	Days	If less than one day
53	1	5	hr. min.

9. Birthplace Tennessee (City, town, or county) (State or foreign country)
10. Usual occupation Switchman
11. Industry or business Railroad
FATHER
12. Name William Young
13. Birthplace Tennessee (City, town, or county) (State or foreign country)
MOTHER
14. Maiden name Ella Roberts
15. Birthplace Tennessee (City, town, or county) (State or foreign country)
16. (a) Informant Harry G. Young Son
(b) Address Mc Bride Ave E. St Louis Ill
17. (a) Dupo (Burial, cremation, or removal) (b) Date thereof March 13 (Month) (Day) (Year)
(c) Place: burial or cremation Dupo, Ill
18. (a) Signature of funeral director Albert H Hoppe
(b) Address 4700 Washington
19. (a) MAR 13 1942 (Date received local registrar) (b) J. F. Bredeck (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month March day 12 year 1942 hour 1:00 minute A. M.
21. I hereby certify that I attended the deceased from March 9, 1942, 19..., to March 12, 1942; that I last saw him alive on March 12, 1942; and that death occurred on the date and hour stated above. 12:30 A.M. (Duration)
Immediate cause of death Ruptured diverticulum with peritonitis
Due to
Due to
Other conditions (Include pregnancy within 3 months of death)
Major findings: Of operations Ruptured diverticulum with generalized peritonitis.
Of autopsy Same as operation.

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 G. L. Franco (M.D. or other)
Address 3720 Washington Blvd. Date signed 3/13/42

(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.....

Licensed Embalmer No.....2971.....

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.