

FILED SEP 4 1943  
Registration District No. \_\_\_\_\_

Primary Registration District No. 3064

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

1. PLACE OF DEATH:

(a) County St. Louis  
(b) City or town Ferguson  
(If outside city or town limits, write "RURAL" and name of township)  
(c) Name of hospital or institution:  
44 Oliver Ave.  
(If not in hospital or institution, write street number or location)  
(d) Length of stay: In hospital or institution \_\_\_\_\_ (Specify whether)  
In this community 1676 years, months or days

3. (a) PRINT FULL NAME Harry G. Young

3. (b) If veteran, name war \_\_\_\_\_ 3. (c) Social Security No. \_\_\_\_\_

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

6. (b) Name of husband or wife Ella M. Young 6. (c) Age of husband or wife if alive \_\_\_\_\_ years

7. Birth date of deceased Oct. 2 1878  
(Month) (Day) (Year)

8. AGE: Years 66 Months 10 Days 23 If less than one day \_\_\_\_\_ hr. \_\_\_\_\_ min.

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

10. Usual occupation Piano tuning & Repair

MOTHER FATHER

11. Industry or business \_\_\_\_\_

12. Name Joseph Young

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

14. Maiden name Fannie Steikmann

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

16. (a) Informant Oliver Young

(b) Address 44 Oliver Ave. Ferguson,

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 8/28/43.  
(Month) (Day) (Year)

(c) Place: burial or cremation Bethany Cemetery.

18. (a) Signature of funeral director L. J. White

(b) Address Ferguson, Mo.

19. (a) AUG 28 1943 (Date of registration) (b) C. P. McJannet (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County St. Louis  
(c) City or town Ferguson  
(If outside city or town limits, write "RURAL")  
(d) Street No. 44 Oliver Ave.  
(If rural, give location)  
(e) Citizen of foreign country? \_\_\_\_\_ (Yes or No)  
If yes, name country \_\_\_\_\_

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Aug. day 25  
year 1943 hour 9 minute 15 P.M.

21. I hereby certify that I attended the deceased from Aug 13<sup>th</sup> 1943 to Aug 25 1943  
that I last saw \_\_\_\_\_ alive on \_\_\_\_\_ 19\_\_\_\_  
and that death occurred on the date and hour stated above.

Immediate cause of death Heart failure from stroke

Due to Cerebrovascular disease

Due to Stroke

Other conditions None  
(Include pregnancy within 3 months of death)

Major findings: Of operations \_\_\_\_\_

Of autopsy None

Duration  
2 d.  
?  
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?

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

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

Address 313 N. 9th St. Date signed 8-28-43

**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 *L. M. White*.....

Licensed Embalmer No. *3923*.....

P. O. Address *Bergman 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.**