

FILED SEP 21 1943

State File No. **30577**
Registrar's No. **8232**

Registration District No. **318**

Primary Registration District No. **1003**

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

1. PLACE OF DEATH:

(a) County **ST LOUIS MO.**
(b) City or town **ST LOUIS**
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution:
3506 FRANKLIN 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 _____
years, months or days **1**

2. USUAL RESIDENCE OF DECEASED:

(a) State **MISSOURI** (b) County **21**
(c) City or town **ST LOUIS**
(If outside city or town limits, write "RURAL")
(d) Street No. **3506 FRANKLIN AVE**
(If rural, give location)
(e) Citizen of foreign country? _____ (Yes or No)
If yes, name country **D**

3. (a) PRINT FULL NAME **ALBERT YOUNG**
(b) If veteran **WWI** name war **WWI**
(c) Social Security No. **492-034436**
4. Sex **MALE** 5. Color **COL** 6. (a) Single, widowed, married, divorced **SINGLE**
6. (b) Name of husband or wife _____ 6. (c) Age of husband or wife if
alive _____ years
7. Birth date of deceased **10 17 1897**
(Month) (Day) (Year)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month **SEPT** day **13**
year **1943** hour **12** minute **45 A.** M.
21. I hereby certify that I attended the deceased from **Sept 10 1943** to **Sept 13 1943**
that I last saw him alive on **Sept 12 1943**
and that death occurred on the date and hour stated above.

8. AGE: Years Months Days If less than one day
45 **10** **17** hr. _____ min.

Immediate cause of death
Lobar Pneumonia 4 days
Due to _____
Due to _____

9. Birthplace **HYNES MISSI**
(City, town, or county) (State or foreign country)
10. Usual occupation **LABORER**
11. Industry or business **STEEL FOUNDRY**
12. Name **ORN YOUNG**
13. Birthplace **HYNES MISSI**
(City, town, or county) (State or foreign country)
14. Maiden name **VIRGINIA RANOLE**
15. Birthplace **MISSI**
(City, town, or county) (State or foreign country)

Other conditions (Include pregnancy within 3 months of death) **108**
Major findings:
Of operations _____
Of autopsy _____
PHYSICIAN _____
Underline the cause to which death should be charged statistically.

MOTHER FATHER {
16. (a) Informant **MARY PICKENS**
(b) Address **917 N. JEFFERSON**
17. (a) **BURIAL** (b) Date thereof **9 18 43**
(Burial, cremation, or removal) (Month) (Day) (Year)
(c) Place: burial or cremation **NATIONAL CEMETERY**
18. (a) Signature of funeral director **Allen D. ...**
(b) Address **3506 FRANKLIN**
19. (a) **SEP 15 1943** (b) **J. Brecht**
(Date received local registrar) (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) (Mans of injury)
23. Signature **M. H. ...** (M. D. or other)
Address **2748 Franklin** Date signed **9-15-43**

MISCELLANEOUS
ST. LOUIS
3207 FRANKLIN AVE

240112 MO
3207 FRANKLIN AVE

ALBERT YOUNG

405-2443

WIFE COL

MISS

10 11 22

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.

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.

Albert Young
3522
NATIONAL EMBALMERS