No. 2
—5-42
5-17-39
I X3217

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

STATE BOARD OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH

32579

State File No.

FILED SEP 25 1943

Registration District No. 317 Primary Registration District No. 3069 Registrar's No. 2-101

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

1. PLACE OF DEATH:
(a) County ST. LOUIS
(b) City or town R.H.
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: ST. MARYS HOSPITAL
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution HOSP. 4 WKS. (Specify whether
In this community 60 YEARS
years, months or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State MISSOURI (b) County 000
(c) City or town ST. LOUIS 17
(If outside city or town limits, write "RURAL")
(d) Street No. 4040A N. 23 ST. 9
(If rural, give location)
(e) Citizen of foreign country? NO (Yes or No)
If yes, name country 1

3. (a) PRINT FULL NAME ROSALIA YOUNGER
3. (b) If veteran, name war No
3. (c) Social Security No. NONE
4. Sex FEMALE
5. Color or race WHITE
6. (a) Single, widowed, married, divorced WIDOWED
6. (b) Name of husband or wife Wm R. YOUNGER
6. (c) Age of husband or wife if alive — years
7. Birth date of deceased AUG (Month) 16 (Day) 1878 (Year)

8. AGE: Years 65 Months 1 Days 1 If less than one day hr. min.

9. Birthplace SHARPESBURG, (City, town, or county) PA. (State or foreign country)
10. Usual occupation HOUSEWORK
11. Industry or business NONE
FATHER
12. Name JOSEPH REICHENEDER
13. Birthplace UNKNOWN (City, town, or county) PA. (State or foreign country)
MOTHER
14. Maiden name UNK. SENNELBECK
15. Birthplace UNK. (City, town, or county) PA. (State or foreign country)
16. (a) Informant WINNIFRED WOEHLER
(b) Address 4040A N. 23 ST.
17. (a) BURIAL (Burial, cremation, or removal) (b) Date thereof 9/20/43 (Month) (Day) (Year)
(c) Place: burial or cremation SUNSET BURIAL PARK
18. (a) Signature of funeral director Suedmeyer
(b) Address 3934 N. 20 St
19. (a) SEP 17 1943 (Date received local registrar) (b) E. G. McGavren, M.D. (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Sept day 17
year 1943 hour 5 minute 10 A M.
21. I hereby certify that I attended the deceased from Feb 1-42, 19 to Sept 17, 1943
that I last saw her alive on Sept 16, 1943
and that death occurred on the date and hour stated above.

	Duration
Immediate cause of death Cerebral Hemorrhage	2 days
Due to Arteriosclerosis	2 years
Due to	
Other conditions (Include pregnancy within 3 months of death)	

Major findings:
Of operations none
Of autopsy no

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 J. W. Macdonald (M. D. or other)
Address 5139 N. Grand Date signed 9-17-43

(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 Alfred F. Boedeker

Licensed Embalmer No. 2663

P. O. Address 5934 Alpha

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.