

3711E

DEPARTMENT OF COMMERCE
 BUREAU OF THE CENSUS

STATE BOARD OF HEALTH OF MISSOURI
 STANDARD CERTIFICATE OF DEATH

State File No.

Registrar's No.

ED NOV 20 1943

318

Primary Registration District No.

1003

9897

1. PLACE OF DEATH:

(a) County.....
 (b) City or town St. Louis, Missouri
 (If outside city or town limits, write "RURAL" and name of township)
 (c) Name of hospital or institution:
De Paul Hospital
 (If not in hospital or institution, write street number or location)
 (d) Length of stay: In hospital or institution..... 0 (Specify whether
 in this community..... years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County.....
 (c) City or town St. Louis
 (If outside city or town limits, write "RURAL")
 (d) Street No. 2506 Marcus Ave.,
 (If rural, give location)
 (e) Citizen of foreign country?..... (Yes or No)
 If yes, name country.....

3. (a) PRINT FULL NAME

Bernard D. Young

3. (b) If veteran, name war.....

3. (c) Social Security No.....

4. Sex male 5. Color or race white
 6. (a) Single, widowed, married, divorced married

6. (b) Name of husband or wife Hazel Strunk
 6. (c) Age of husband or wife if alive 32 years

7. Birth date of deceased. June 16th 1908
 (Month) (Day) (Year)

8. AGE: Years Months Days If less than one day
35 4 25 hr. min.

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

10. Usual occupation Installer

11. Industry or business Maloney Electric Co.,

12. Name Harry G. Young

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

14. Maiden name Ella M. Callihan
 (City, town, or county) (State or foreign country)

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

16. (a) Informant Mrs. Hazel Young-wife

(b) Address 2506 Marcus Avenue

17. (a) burial (b) Date thereof 11-13-43
 (Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Bethany Cemetery

18. (a) Signature of funeral director Sullivan Brothers,

(b) Address 2849 North Euclid Ave.,

19. (a) NOV 12 1943 (b) J. J. Brundage
 (Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month November day 11th
 year 1943 hour 6:15 minute A. M.

21. I hereby certify that I attended the deceased from 10-12-43
 to 10-10-43

that I last saw him alive on 10-10-43
 and that death occurred on the date and hour stated above.

Immediate cause of death Bacterial Endocarditis Cerebral Embolism

Due to.....

Due to.....

Other conditions (Include pregnancy within 3 months of death)

Major findings: Endocarditis
 Of operations Bacterial embolism
 Of autopsy.....

Duration

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) (e) Means of injury.....

23. Signature J. J. Brundage (M. D. or other).....

Address 608 1/2 Myrtle Date signed 11-11-43

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

MOTHER FATHER

Dr. Fuchs
608 Kingsland
Ca. 8400
Ev. 5777

Ret 3-4 Thurs.

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 *Albert D. Mayfield*

Licensed Embalmer No. *3077*

P. O. Address *St. Louis, Mo*

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.