

FILED DEC 11 1943

Registration District No. **3**

Primary Registration District No. **3070**

76
7
4

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

1. PLACE OF DEATH:

(a) County **St. Louis**

(b) City or town **Webster Groves**
(If outside city or town limits, write "RURAL" and name of township)

(c) Name of hospital or institution: **Stenwood Sanitarium**
(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

3. (a) PRINT FULL NAME **Herman Younker**

3. (b) If veteran, name war **No**

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

4. Sex **Male**

5. Color of race **White**

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 **July 7 1870**
(Month) (Day) (Year)

8. AGE: Years **73** Months **5** Days **7** If less than one day _____ hr. _____ min.

9. Birthplace **Hoboken Iowa**
(City, town, or county) (State or foreign country)

10. Usual occupation **Merchant**

11. Industry or business _____

MOTHER FATHER

12. Name **Benjamin Younker**

13. Birthplace **Poland**

14. Maiden name **Angie Melchior**

15. Birthplace **Poland**

16. (a) Informant **Mess. Shea Younker**

(b) Address **Louisiana Mo.**

17. (a) **burial** (b) Date thereof **Dec 7 1943**
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation **Louisiana Mo.**

18. (a) Signature of funeral director **W. H. Bailey Jr.**

(b) Address **Louisiana Mo.**

19. (a) **DEC 8 1943** (b) **E. H. Mc Haven, M.D.**
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State **Mo.** (b) County **Pike**

(c) City or town **Louisiana**
(If outside city or town limits, write "RURAL")

(d) Street No. **400 N. 4th**
(If rural, give location)

(e) Citizen of foreign country? **No.** (Yes or No)

If yes, name country _____

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month **Dec** day **5th**
year **1943** hour **7** minute **15** P.M.

21. I hereby certify that I attended the deceased from **Nov. 21st** 1943 to **Dec. 5th** 1943
that I last saw him alive on **Dec. 4th** 1943
and that death occurred on the date and hour stated above.

Immediate cause of death **Intestinal Obstruction**

Duration **2 days**

Due to _____

Due to _____

Other conditions **Hemiplegia**
(Include pregnancy within 3 months of death)

Major findings: **Arterial Sclerosis**

Of operations _____

Of autopsy **8301**

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 **Paul James M.D.** (M. D. or other) _____

Address **Webster Groves, Mo.** Date signed **12-5-43**

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 George O. Wagner
Licensed Embalmer No. 3773
P. O. Address Louisiana 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.