

FILED MAR 27 1944 **318**
 Primary Registration District No. **1003**

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

1. PLACE OF DEATH:
 (a) County St. Louis
 (b) City or town St. Louis
(If outside city or town limits, write "RURAL" and name of township)
 (c) Name of hospital or institution:
701 Eastgate Avenue
(If not in hospital or institution, write street number or location)
 (d) Length of stay: In hospital or institution _____
(Specify whether years, months or days) Life

2. USUAL RESIDENCE OF DECEASED:
 (a) State Missouri (b) County St. Louis
 (c) City or town St. Louis
(If outside city or town limits, write "RURAL")
 (d) Street No. 701 Eastgate Avenue
no (If rural, give location)
 (e) Citizen of foreign country? _____ (Yes or No)
 If yes, name country _____

3. (a) PRINT FULL NAME J. PHILO YOUNG, SR.
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 Elizabeth C. Young
6. (c) Age of husband or wife if alive 61 years
7. Birth date of deceased 9 9 1877
(Month) (Day) (Year)

8. AGE:
 Years 66 Months 6 Days 4
 If less than one day _____ hr. _____ min.

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

10. Usual occupation Title Insurance Co.

11. Industry or business _____

MOTHER FATHER
12. Name J. Philo Young
13. Birthplace Unknown Indiana
(City, town, or county) (State or foreign country)
14. Maiden name Lucy A. Fricke
15. Birthplace Unknown Philadelphia
(City, town, or county) (State or foreign country)

16. (a) Informant: Mrs. Elizabeth C. Young

(b) Address 701 East Gate St. Louis, Mo.

17. (a) Burial Calvary **(b) Date thereof** 3-14-44
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation _____

18. (a) Signature of funeral director: Alexander S. Soudon
6175 Delmar Plvd.

(b) Address _____
19. (a) MAR 14 1944 **(b) J. F. Bruseck**
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION
20. DATE OF DEATH: Month March day 13
 year 1944 hour 9 minute 00-0 M.
21. I hereby certify that I attended the deceased from June 13 1940 to Feb 18 1944
 that I last saw him alive on Feb 7 1944
 and that death occurred on the date and hour stated above.

Immediate cause of death Far adv. bilateral Pulm TB
Due to _____
Due to _____
 Other conditions 13
(Include pregnancy within 3 months of death)

Major findings:
 Of operations _____
 Of autopsy _____
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)** _____
(a) Means of injury _____
23. Signature H. J. M... of **(M. D. or other)** _____
Address 622 W. Main St. St. Louis **Date signed** March 14 1944

Dr. H. J. Spector
Un. Certif. Body Jc5946
12:30 to 3 In/ves

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.....

Thomas P. Fenwick

Licensed Embalmer No.

3793

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.