

FILED MAY 9 1944

Registration District No. _____

Primary Registration District No. _____

Registrar's No. 4016

1. PLACE OF DEATH:

(a) County _____
 (b) City or town St. Louis Mo.
 (If outside city or town limits, write "RURAL" and name of township)
 (c) Name of hospital or institution:
908 Palm St.
 (If not in hospital or institution, write street number or location)
 (d) Length of stay: In hospital or institution 3 months
 (Specify whether _____)
 In this community _____
 years, months or days)

3. (a) PRINT FULL NAME Mary May Young

3. (b) If veteran, name war _____ 3. (c) Social Security No. _____

4. Sex Female 5. Color or race White
 6. (a) Single, widowed, married, divorced ---
 6. (b) Name of husband or wife _____ 6. (c) Age of husband or wife if alive _____ years
 7. Birth date of deceased July 13 1938
 (Month) (Day) (Year)

8. AGE: Years Months Days If less than one day
5 9 17 hr. min.

9. Birthplace Blackwell Arkansas
 (City, town, or county) (State or foreign country)

10. Usual occupation _____

11. Industry or business _____

MOTHER FATHER
 12. Name Chester Young
 13. Birthplace Poplar Bluff Missouri
 (City, town, or county) (State or foreign country)
 14. Maiden name Johnnie Keener
 15. Birthplace Atkins Arkansas
 (City, town, or county) (State or foreign country)

16. (a) Informant Johnnie Young
 (b) Address 908 Palm St.

17. (a) Removal (b) Date thereof April 30, 1944
 (Burial, cremation, or removal) (Month) (Day) (Year)
 (c) Place: burial or cremation DeSoto Missouri

18. (a) Signature of funeral director Mothershead Funeral Home
 (b) Address DeSoto, Missouri

19. (a) APR 30 1944 (b) J. F. Prudek
 (Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County 50
 (c) City or town De Soto
 (If outside city or town limits, write "RURAL") 2 NR.
 (d) Street No. _____ (If rural, give location)
 (e) Citizen of foreign country? _____ (Yes or No)
 If yes, name country _____

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month April day 30
 year 1944 hour 8 minute 30 M.

21. I hereby certify that I attended the deceased from April 30 1944 to April 30 1944
 that I last saw her alive on April 30 1944
 and that death occurred on the date and hour stated above.

Immediate cause of death Bronchopneumonia Duration 2 days
Measles 1 week
 Due to _____
 Due to _____
 Other conditions _____ (Include pregnancy within 3 months of death)
35

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)
 (e) Means of injury C

23. Signature John C. Creane (M. D. or other) MO
 Address 2504 N. 14th St. Date signed 4-30-44

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

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

John Peltier

Licensed Embalmer No. 3880

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.