

30696

DEPARTMENT OF COMMERCE  
BUREAU OF THE CENSUSTHE STATE BOARD OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

16891

FILED JUN 1 1944

State File No.

318

Registration District No. Primary Registration District No.

1003

Registrar's No. 4786

## 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:  
St. Louis City Hospital  
 (If not in hospital or institution, write street number or location)  
 (d) Length of stay: In hospital or institution 5 days  
 (Specify whether  
 In this community 4 Years  
 years, months or days)

3. (a) PRINT  
FULL NAMEArthur Carl Young

3. (b) If veteran, name war.....  
 3. (c) Social Security No. 498-01-8969

4. Sex Male 5. Color or race White 6. (a) Single, widowed, married, divorced Married  
 6. (b) Name of husband or wife Emelie Young 6. (c) Age of husband or wife if alive 60 years  
 7. Birth date of deceased 5 9 1883  
 (Month) (Day) (Year)

8. AGE: Years Months Days If less than one day  
61 0 14 hr. min.

9. Birthplace Carlinville Illinois  
 (City, town, or county) (State or foreign country)

10. Usual occupation Retired  
 11. Industry or business Sec'y Majestic Range Co.

MOTHER FATHER { 12. Name Jacob Young  
 13. Birthplace Unknown Illinois  
 (City, town, or county) (State or foreign country)  
 14. Maiden name Mary Fuess  
 15. Birthplace Unknown Illinois  
 (City, town, or county) (State or foreign country)

16. (a) Informant Mrs. E. Young  
 (b) Address 6643 Kingsbury Avenue  
 17. (a) Removal Removal (b) Date thereof 5-25-1944  
 (Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Carlinville, Ill.  
 18. (a) Signature of funeral director Alexander & Sons  
 (b) Address 6175 Delmar Blvd.

19. (a) MAY 24 1944 (Date received local registrar) (b) J. F. Brudick (Registrar's signature)

## 2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County St. Louis  
 (c) City or town University City  
 (If outside city or town limits, write "RURAL")  
 (d) Street No. 6643 Kingsbury Avenue  
 (If rural, give location)  
 (e) Citizen of foreign country? (Yes or No) /  
 If yes, name country

## MEDICAL CERTIFICATION

20. DATE OF DEATH: Month May day 23  
 year 1944 hour 10 minute 10 A.M.  
 21. I hereby certify that I attended the deceased from May 19th  
 19 44 to May 23rd 19 44  
 that I last saw him alive on May 23rd 19 44  
 and that death occurred on the date and hour stated above.

Immediate cause of death Terminal pneumonia  
 Duration

Due to Old Subdural hematoma

Due to associated Organic Psychia  
 Other conditions associated Organic Psychia  
 (Include pregnancy within 3 months of death)

PHYSICIAN  
 Major findings:  
 Of operations ///  
 Of autopsy ///  
 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 \_\_\_\_\_  
 Signature Dr. J. F. Brudick (M. D. or other) M.D.  
 Address 1515 Lafayette Date signed 5/23/44

(Licensed Embalmer's Statement on Reverse Side)

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

2  
13  
39  
07823

**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

*Joseph M. Cullor*

Licensed Embalmer No. *2460*

P. O. Address

*6175 Pellmar*

**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.**