

7. S. No. 2
DOM-2-43
5-17-39
PI X35697

25927

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. _____

FILED AUG 11 1944
Registration District No. 341

Primary Registration District No. 3075

Registrar's No. 34

1. PLACE OF DEATH:

(a) County St. Louis

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

(c) Name of hospital or institution: _____
(If not in hospital or institution, write street number or location) 1

(d) Length of stay: In hospital or institution _____ (Specify whether _____)

In this community 64-3-4 years, months or days

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County St. Louis

(c) City or town West 103
(If outside city or town limits, write "RURAL")

(d) Street No. 707 Home 3
(If rural, give location)

(e) Citizen of foreign country? no (Yes or No)
If yes, name country _____

3. (a) PRINT FULL NAME ORA MARLOW YOUNG

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

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month 14 day June
year 1944 hour 2 minute 40 a.m.

4. Sex Female 5. Color or race White 6. (a) Single, widowed, married, divorced Married

6. (b) Name of husband or wife Riley Young 6. (c) Age of husband or wife if alive _____ years

7. Birth date of deceased MARCH 10 1880
(Month) (Day) (Year)

21. I hereby certify that I attended the deceased from June 13 1944 to June 14 1944
that I last saw her alive on June 13 1944
and that death occurred on the date and hour stated above
Immediate cause of death Uterine Prolapse 1 day

8. AGE: Years 64 Months 3 Days 4 If less than one day _____ hr. _____ min.

Due to Hypertension after
schlaxis & Double Labor

Due to Arteriosclerosis

9. Birthplace West MO
(City, town, or county) (State or foreign country)

10. Usual occupation Housewife

Other conditions _____
(Include pregnancy within 3 months of death)

Major findings: 108

Of operations _____

Of autopsy yes

11. Industry or business _____

12. Name John Marie

13. Birthplace Keokuk City Mo
(City, town, or county) (State or foreign country)

14. Maiden name Fannie Nabman

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

PHYSICIAN _____
Underline the cause to which death should be charged statistically.

16. (a) Informant Riley Young
(b) Address West MO

17. (a) Burial (b) Date thereof 6/16/44
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation West Cemetery

18. (a) Signature of funeral director Kathleen E. Smith
(b) Address West MO

19. (a) 7-20-44 (b) Uora Smith
(Date received local registrar) (Registrar's signature)

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) (c) Means of injury _____

23. Signature J.S. Davis (M. D. or other) _____
Address West MO Date signed 6/15/44

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

0331

1134

RECEIVED

District Health Office No. 2,

District File Number 244-1115

Date Filed 8-10-74

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..... *Lynn Steele*

Licensed Embalmer No. 2476

P. O. Address Wester 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.