

STANDARD CERTIFICATE OF DEATH

State File No.

Registrar's No.

6967

FILED AUG 21 1944

318

Primary Registration District No.

L1003

1. PLACE OF DEATH:

(a) County St. Louis, Mo.
 (b) City or town St. Louis
 (If outside city or town limits, write "RURAL" and name of township)
 (c) Name of hospital or institution:
1117 N. Leonard Avenue
 (If not in hospital or institution, write street number or location)
 (d) Length of stay: In hospital or institution About 20 yrs (Specify whether years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County 000
 (c) City or town St. Louis 17
 (If outside city or town limits, write "RURAL") 9
 (d) Street No. 1117 N. Leonard (If rural, give location)
 (e) Citizen of foreign country? No (Yes or No) 21
 If yes, name country 1

3. (a) PRINT FULL NAME

Paul Walker Young

(b) If veteran, name war No (c) Social Security No. None

4. Sex M 5. Color or race Col. 6. (a) Single, widowed, married, divorced 2
 6. (b) Name of husband or wife _____ 6. (c) Age of husband or wife if alive _____ years

7. Birth date of deceased Unk. (Month) (Day) (Year)

8. AGE: Years About 75 Months Days If less than one day hr. min.

9. Birthplace Union County, Tenn. (City, town, or county) (State or foreign country)

MOTHER FATHER

10. Usual occupation _____
 11. Industry or business _____
 12. Name James H. Young
 13. Birthplace Tenn. (City, town, or county) (State or foreign country)
 14. Maiden name Ann D. Franklin (State or foreign country)
 15. Birthplace Tenn. (City, town, or county) (State or foreign country)

16. (a) Informant Miss Ruth Young
 (b) Address 1117 N. Leonard

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 8-9-44 (Month) (Day) (Year)

(c) Place: burial or cremation Washington Park
 18. (a) Signature of funeral director A. L. Beal Und.
 (b) Address 226 Lucas Avenue

19. (a) AUG 9 1944 (Date received local registrar) J. F. Bruleck (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Aug. day 6 year 1944 hour 12 (Noon) minute _____ M.
 21. I hereby certify that I attended the deceased from April 10, 1944 to Aug 6, 1944 that I last saw him alive on Aug 6 - 1944 and that death occurred on the date and hour stated above.

Immediate cause of death Nephritis (parenchymatous) Duration _____
sexility; Atherosclerosis
 Due to _____
 Due to _____

Other conditions (Include pregnancy within 3 months of death) 131

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) _____
 (M, D, or other) _____

23. Signature James W. Smith (M, D, or other) _____
 Address 901 N. Vandeventer Date signed 8/8/44

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 *W. J. Richardson*
Licensed Embalmer No. *2928*
P. O. Address *Aty*

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.