

FILED NOV 1 1944

Registration District No. **318**

Primary Registration District No. **100**

Registrar's No. **9164**

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: **St. Johns Hospital**
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution **4 weeks**
(Specify whether
In this community _____
years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State **Missouri** (b) County **St. Louis**
(c) City or town **Jennings**
(If outside city or town limits, write "RURAL")
(d) Street No. **8325 College Ave**
(If rural, give location)
(e) Citizen of foreign country? _____ (Yes or No)
If yes, name country _____

3. (a) PRINT FULL NAME

Peter P. Young

3. (b) If veteran, name war **World #1**

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 **Geneva Young nee Mc Laird** 6. (c) Age of husband or wife if alive **50** years

7. Birth date of deceased **September 27, 1893**
(Month) (Day) (Year)

8. AGE: Years **51** Months **1** Days **0** If less than one day hr. _____ min. _____

9. Birthplace **St. Louis County Mo.**
(City, town, or county) (State or foreign country)

10. Usual occupation **Deputy Sheriff**

11. Industry or business

12. Name **August Young**
13. Birthplace **Unknown Holland**
(City, town, or county) (State or foreign country)
14. Maiden name **Emily VanVoorn**
15. Birthplace **Unknown Belgium**
(City, town, or county) (State or foreign country)

MOTHER FATHER

16. (a) Informant **Geneva Young**
(b) Address **8325 College Ave Jennings Mo**

17. (a) **Burial** (b) Date thereof **10/30/44**
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation **Memorial Park Cemetery**

18. (a) Signature of funeral director **Math Hermann & Son**
(b) Address **2161 East Fair Ave**

19. (a) **OCT 28 1944** **J. F. Brueck**
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month **Oct.** day **27,**
year **1944** hour **10:00** AM minute _____ M.

21. I hereby certify that I attended the deceased from **Mar. 27, 1944** to **Oct. 27, 1944**
that I last saw him alive on **Oct. 27, 1944**
and that death occurred on the date and hour stated above.

Immediate cause of death: **Cerebral Hemiparesis**

Due to **Bilateral pyelonephritis**

Due to **Carcinoma of Abdominal wall**

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

Major findings:
Of operations: _____

Of autopsy: _____

Duration

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) _____
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 _____

23. Signature **Haymuel** (M. D. _____)
Address **609 Humboldt Bldg.** Date signed **10-28-44**

Grayson Carroll

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 *Wilford G Burnley*
Licensed Embalmer No. *42020*
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.