

7. S. No. 2  
FORM-5-43  
Rev. 5-17-39  
1 X36671

DEPARTMENT OF COMMERCE  
BUREAU OF THE CENSUS

THE STATE BOARD OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

State File No. **39944**  
Registrar's No. **10855**

Registration District No. **318**

Primary Registration District No. **1003**

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

1. PLACE OF DEATH:

(a) County.....

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

(c) Name of hospital or institution:  
1809 S. Third st.  
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution..... 1 (Specify whether years, months or days) (Specify whether

In this community..... (Specify whether years, months or days)

3. (a) PRINT FULL NAME..... Pat Young

3. (b) If veteran, name war..... None

3. (c) Social Security No..... Unknown

4. Sex..... Male 5. Color or race..... White

6. (a) Single, widowed, married, divorced..... Married

6. (b) Name of husband or wife..... Gladys Young

6. (c) Age of husband or wife if alive..... 39 years

7. Birth date of deceased..... June 19 1899  
(Month) (Day) (Year)

8. AGE: Years Months Days If less than one day

45 5 28 hr. min.

9. Birthplace..... Unknown Nebraska  
(City, town, or county) (State or foreign country)

10. Usual occupation..... Sales man

11. Industry or business.....

12. Name..... Nathan Young

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

14. Maiden name..... Young  
(City, town, or county) (State or foreign country)

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

16. (a) Informant..... -Valle Young -

(b) Address..... 1809 S. Third

17. (a) Burial (b) Date thereof..... DEC. 22-44  
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation..... Mt. Hope Cemetery

18. (a) Signature of funeral director..... C. Hoffmeister U. & L. Co.

(b) Address..... 7814 S. Broadway

19. (a) DEC 20 1944 J. F. Budek  
(Date received local registration) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

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

(c) City or town..... St. Louis  
(If outside city or town limits, write "RURAL")

(d) Street No. 1809 a South Third st.  
(If rural, give location)

(e) Citizen of foreign country?..... NO (Yes or No)  
If yes, name country.....

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month December day 17  
year 1944 hour 2 minute 30 P. M.

21. I hereby certify that I attended the deceased from Dec 4<sup>th</sup>  
19 44 to Dec 17<sup>th</sup> 19 44  
that I last saw him alive on Dec 16<sup>th</sup> 19 44  
and that death occurred on the date and hour stated above.

Immediate cause of death..... Chronic Mitral Disease of heart Duration 13 days

Due to Chronic Nephritis of definite

Due to.....

Other conditions..... none  
(Include pregnancy within 3 months of death)

Major findings: no operations

Of operations.....

Of autopsy..... none

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.....

23. Signature..... W. A. Grier (M. D. or other)  
Address..... 1544 A So Broadway Date signed 12/18-44

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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.....

*Linus C. Hoffmeister*

Licensed Embalmer No.....

*3871*

P. O. Address.....

*7814 S Broadway*

**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.**