

FILED JAN 5 1945
318

1003

Registrar's No. **11127**

Registration District No. _____

Primary Registration District No. _____

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:
Mo. Pac. Hospital
(If not in hospital or institution, write street number or location) 0
(d) Length of stay: In hospital or institution _____
(Specify whether _____)
In this community 1 day
years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Mad
(c) City or town St. Louis
(If outside city or town limits, write "RURAL") 17
(d) Street No. 3137 Shenandoah Ave
(If rural, give location) 17
(e) Citizen of foreign country? No (Yes or No)
If yes, name country _____

3. (a) PRINT FULL NAME

William Elisha Young

(b) If veteran, name war _____

(c) Social Security No. None

4. Sex Male 5. Color or race White 6. (a) Single, widowed, married, divorced Married
7. Birth date of deceased November 4th 1875
(Month) (Day) (Year)
8. (c) Age of husband or wife if alive 65.55 years

8. AGE: Years Months Days If less than one day
69 1 22 _____ hr. _____ min.

9. Birthplace Covington Tennessee
(City, town, or county) (State or foreign country)

10. Usual occupation Engineer

11. Industry or business Terminal R. R. Assn.

Name Thomas E. Young

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

Married name Laura Bell

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

16. Informant William G. Young Son

(b) Address 3137 Shenandoah Ave

17. (a) Burial (b) Date thereof Dec 29th 1944
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Valhalla Cemetery

(c) Signature of funeral director Peeetz Bros

(b) Address 3029 Lafayette Ave

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

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Dec. day 26
year 1944 hour 2 minute 20 P.M.

21. I hereby certify that I attended the deceased from 1942 to Dec 26, 1944
that I last saw him alive on Dec 25, 1944
and that death occurred on the date and hour stated above.

Immediate cause of death Cardiac Failure

Due to Arteriosclerotic Heart dis. 2 yrs.

Due to _____

Other conditions (Include pregnancy within 3 months of death) 93

Major findings: Of operations _____

Of autopsy _____

22. If death was due to external causes, fill in the following:

(a) Accident, suicide, or homicide (specify) _____

(b) Date of occurrence _____

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 [Signature] (M. D. or other) MD

Address [Signature] Date signed 1226

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

MOTHER FATHER

Conv. by [Signature]
100%
100%
100%

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 Frank J. Dunn

Licensed Embalmer No. 2245

P. O. Address Personals

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.

Affidavits containing erasures will not be accepted; draw one line through error and write above it.

THE STATE BOARD OF HEALTH OF MISSOURI
BUREAU OF VITAL STATISTICS

State File No. 3894
Local Registrar's No. 11127

State of Missouri }
City of St. Louis } ss.

AFFIDAVIT FOR CORRECTION OF A RECORD

On this 29th day of July, 1947, before me appears Mrs. R. Brannaker

who, upon her oath, states that the original record of ~~her~~ death
for William Elihu Young died December 26, 1944, in the State of
~~born~~ Missouri, and which was filed at St. Louis on Dec. 28, 1944, should be corrected as follows:

Item No. 6c should read 65 years

Instead of 55 years

Item No. _____ should read _____

Instead of _____

Item No. _____ should read _____

Instead of _____

Item No. _____ should read _____

Instead of _____

Item No. _____ should read _____

Instead of _____

Item No. _____ should read _____

Instead of _____

Item No. _____ should read _____

Instead of _____

Item No. _____ should read _____

Instead of _____

The above is true to the best of my knowledge, information and belief.

(SEAL)

David Van Fossan
Affiant Mrs. R. Brannaker Relationship Daughter
3029 Lafayette
3137 Shenandoah
Present Address.

Subscribed and sworn to before me this 29th day of July, 1947.

My Commission Expires December 17, 1950

My Commission expires 3-4-49 David Van Fossan Notary Public.
Ella C. Haddock

1944
S-39946