

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS
FILED JUL 22 1946
318

THE STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. _____

Registration District No. _____

Primary Registration District No. **1003**

Registrar's No. **6128**

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:
5520 South 37th Street
(If not in hospital or institution, write street number or location)

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

In this community 37 years
years, months or days

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County _____

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

(d) Street No. 5520 South 37th Street
(If rural, give location)

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

3. (a) PRINT FULL NAME Mrs. Marie C. Yung

3. (b) If veteran, name war _____

3. (c) Social Security No. 496-18-8436

4. Sex Female | 5. Color or race White

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

6. (b) Name of husband or wife Henry Yung

6. (c) Age of husband or wife if alive 53 years

7. Birth date of deceased October 31, 1893
(Month) (Day) (Year)

8. AGE:

Years	Months	Days	If less than one day
<u>52</u>	<u>8</u>	<u>10</u>	_____ hr. _____ min.

9. Birthplace Carondelet, Illinois
(City, town, or county) (State or foreign country)

10. Usual occupation Punch Press Operator

11. Industry or business Koken's

12. Name Henry Haskenhoff

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

14. Maiden name Anna Kolkhorst

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

16. (a) Informant Henry Yung

(b) Address 5520 South 37th Street

17. (a) Burial (b) Date thereof 7/13/1946
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Sunset Burial Park

18. (a) Signature of funeral director Beiderwieden F. H., Inc.

(b) Address 1936 St. Louis Avenue

19. (a) JUL 12 1946 (b) J. F. Brebeck
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. **DATE OF DEATH:** Month July day 11,
year 1946 hour 6: minute 30 A. M.

21. I hereby certify that I attended the deceased from 1945 to July 11, 1946
that I last saw her alive on July 5 and that death occurred on the date and hour stated above.

Immediate cause of death Heart failure

Due to Asystole with enlarged heart

Due to _____

Other conditions None
(Include pregnancy within 3 months of death)

Major findings: None
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 _____

(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 Choromeller (M. D. or other) _____
Address 7474 Date signed 7/14/46

Duration
2 wks
2 1/2

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

Humboldt Bldg

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

24783

Dr. C. W. Miller,
Humboldt Bldg.
539 North Grand Blvd.

SEP 20 1956

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

Walter Paulson

Licensed Embalmer No. 4114

P. O. Address 1936 St. Louis Ave

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.