S. No. 2
—1/47
5-17-39

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

#83359

FEDERAL SECURITY AGENCY
National Office of Vital Statistics

FILED MAR 23 1948

Registration District No. 318

MISSOURI DIVISION OF HEALTH

STANDARD CERTIFICATE OF DEATH

Primary Registration District No. 1003

State File No. 10866

Registrar's No. 2519

1. PLACE OF DEATH:

(a) County

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

(c) Name of hospital or institution St. Louis City Hospital-Max C. Starkloff
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution (Specify whether
In this community 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")

(d) Street No. 1203a Hamilton Avenue., 9
Memorial (If rural, give location)

(e) Citizen of foreign country? (Yes or No) 0

If yes, name country

3. (a) PRINT FULL NAME Catherine Young

3. (b) If veteran, name war None

3. (c) Social Security No. None

4. Sex Female

5. Color or race White

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

6. (b) Name of husband or wife Charles R. Young

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

7. Birth date of deceased December (Month) 12 (Day) 1885 (Year)

8. AGE: Years 62 Months 3 Days 0 If less than one day hr. min.

9. Birthplace St. Louis (City, town, or county) Missouri (State or foreign country)

10. Usual occupation Housewife

11. Industry or business At Home

FATHER
12. Name Patrick Philbin
13. Birthplace Unknown (City, town, or county) Ireland (State or foreign country)

MOTHER
14. Maiden name Delia Birmingham
15. Birthplace Unknown (City, town, or county) Ireland (State or foreign country)

16. (a) Informant Corinne Wencker
(b) Address 1203a Hamilton Avenue.,

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 3/15/48 (Month) (Day) (Year)
(c) Place: burial or cremation Calvary Cemetery

18. (a) Signature of funeral director Albert H. Hoppe
(b) Address 4700 Washington Blvd.,

19. (a) MAR 13 1948 (Date received local registrar) (b) J. F. Brooks (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month March day 12th
year 1948 hour 11 minute 00 A M.

21. I hereby certify that I attended the deceased from , 19 , to March 12th, 1948
that I last saw her alive on March 12th, 1948
and that death occurred on the date and hour stated above.

Immediate cause of death Coronary occlusion

Due to Hypertensive & Arterio-sclerotic heart disease

Due to

Other conditions
(Include pregnancy within 3 months of death)

Major findings:
Of operations

Of autopsy Coronary infarction

Duration

PHYSICIAN

Underline the cause of 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? (Specify type of place)
While at work? (e) Means of injury

23. Signature J. Nekoehler (M.D. or other) MD
Address 1515 Lafayette Date signed 3/12/48

Jefferson City Printing Co.

(Licensed Embalmer's Statement on Reverse Side)

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.....

Licensed Embalmer No.....

P. O. Address.....

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.