

MISSOURI DIVISION OF HEALTH
STANDARD CERTIFICATE OF DEATH

Registration District No. _____ Primary Registration District No. 1003

1. PLACE OF DEATH: 318
(a) County _____
(b) City or town St. Louis
(c) Name of hospital or institution:
4800 Washington Blvd.
(d) Length of stay: In hospital or institution _____
In this community _____
years, months or days

2. USUAL RESIDENCE OF DECEASED:
(a) State Missouri (b) County 000
(c) City or town St. Louis
(d) Street No. 4800 Washington Blvd.
(e) Citizen of foreign country? _____
If yes, name country _____

3: (a) PRINT FULL NAME Ella L. Young
3. (b) If veteran, name war No
3. (c) Social Security No. None

MEDICAL CERTIFICATION
20. DATE OF DEATH: Month March day 18
year 1948 hour 2 minute 00 A.M.

4. Sex Female 5. Color or race White
6. (a) Single, widowed, married, divorced Married
6. (b) Name of husband or wife William Young
6. (c) Age of husband or wife if alive 70 years
7. Birth date of deceased October 21 1875
(Month) (Day) (Year)

21. I hereby certify that I attended the deceased from June 15th 1947 to March 18th 1948
that I last saw her alive on March 17th 1948
and that death occurred on the date and hour stated above.

8. AGE: Years 72 Months 4 Days 27
If less than one day hr. min.

Immediate cause of death Myocarditis
(that I know)
Duration 8 mos

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

Due to _____
Due to _____
Other conditions (Include pregnancy within 3 months of death) _____
Major findings: Of operations _____
Of autopsy _____

10. Usual occupation Housewife

11. Industry or business _____
12. Name John McFall
13. Birthplace Unknown
14. Maiden name Unknown
15. Birthplace Unknown

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? _____
(d) Did injury occur in or about home, on farm, in industrial place, in public place? _____

16. (a) Informant William Young
(b) Address 4800 Washington Blvd.
17. (a) Burial (b) Date thereof 3-22-48
(c) Place: burial or cremation Bellefontaine Cemetery

23. Signature _____
Address 07062 Walton Date signed 3-18-48

18. (a) Signature of funeral director Albert H. Hoppe
(b) Address 4700 Washington Blvd.
19. (a) (Date received local registrar) MAR 18 1948
(b) J. F. Bredich (Registrar's signature)

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

50
17
9

MOTHER FATHER

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

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 *G. W. Wilkerson*
- - Licensed Embalmer No. 35-75

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.