

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

1. PLACE OF DEATH:  
(a) County St. Louis, Missouri.  
(b) City or town St. Louis.  
(c) Name of hospital or institution: St. Louis City Hospital—Max C. Starkloff  
(d) Length of stay: In hospital or institution 5 weeks  
In this community years, months or days

3: (a) PRINT FULL NAME Charles Young  
3. (b) If veteran, name war World War 1  
3. (c) Social Security No. 491-14-7571

4. Sex Male  
5. Color or race Wh  
6. (a) Single, widowed, married, divorced Divorced  
6. (c) Age of husband or wife if alive years  
7. Birth date of deceased September 4 1887

8. AGE: Years 60 Months 7 Days 9  
If less than one day hr. min.

9. Birthplace St. Louis Missouri

10. Usual occupation Glass Beveler  
Pittsburgh Plate Glass Co.

11. Industry or business  
12. Name George E. Young  
13. Birthplace St. Louis Missouri  
14. Maiden name Pauline Aimise  
15. Birthplace St. Louis Missouri

16. (a) Informant Mrs. Charlotte Vogel  
(b) Address 4219 Sacramento Ave

17. (a) Burial (b) Date thereof 4/16/48  
(c) Place: burial or cremation Mt. Hope Cemetery

18. (a) Signature of funeral director Kraeger-Voss, Inc.  
(b) Address 3402 No. Kingshighway

19. (a) APR 14 1948 (b) Registrar's signature

2. USUAL RESIDENCE OF DECEASED:  
(a) State Missouri (b) County  
(c) City or town St. Louis  
(d) Street No. 2501 So. Kingshighway Memorial  
(e) Citizen of foreign country? (Yes or No)  
If yes, name country

MEDICAL CERTIFICATION  
20. DATE OF DEATH: Month April day 13th  
year 1948 hour 8 minute 00 P.M.  
21. I hereby certify that I attended the deceased from 3/6/48  
to April 13th, 1948  
that I last saw him alive on April 13th, 1948  
and that death occurred on the date and hour stated above.

Immediate cause of death Cerebral hemorrhage  
Duration 5 weeks

Due to Hypertension

Other conditions (Include pregnancy within 3 months of death)

Major findings:  
Of operations  
Of autopsy

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?

(Specify type of place) While at work? (e) Means of injury  
23. Signature M.B. Niles Jr. 1515 Lafayette St. 4/14/48  
Address Date signed

---

---

**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 *J. W. Wilkinson*

Licensed Embalmer No. 3575

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.**