

FILED JUL 31 1948  
Registration District No. **287**

Primary Registration District No. **6076**

1. PLACE OF DEATH:

(a) County **St Louis**  
(b) City or town **Lemay**  
(If outside city or town limits, write "RURAL" and name of township)  
(c) Name of hospital or institution:  
**721 Horn Ave.**  
(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

3. (a) PRINT FULL NAME **Albert Young**

3. (b) If veteran, name war **No** 3. (c) Social Security No. **No**

4. Sex **Male** 5. Color or race **White** 6. (a) Single, widowed, married, divorced **Married**

6. (b) Name of husband or wife **Katherine** 6. (c) Age of husband or wife if alive **68** years

7. Birth date of deceased **Apr. 6 1865**  
(Month) (Day) (Year)

8. AGE: Years **83** Months **3** Days **8** If less than one day \_\_\_\_\_ hr. \_\_\_\_\_ min.

9. Birthplace **Ohio**  
(City, town, or county) (State or foreign country)

10. Usual occupation **Ret. Stationary Engineer**

11. Industry or business \_\_\_\_\_

12. Name **Alexander Young**

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

14. Maiden name **Unknown**

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

16. (a) Informant **Katherine Young**

(b) Address **721 Horn Ave.**

17. (a) **Burial** (b) Date thereof **7-17-48**  
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation **St. Trinity Cem.**

18. (a) Signature of funeral director **JOS. P. FENDLER, JR. FUNERAL HOME**

(b) Address **7128 Michigan Ave.**

19. (a) **7-13-48** (b) **Beulah J. [Signature]**  
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State **Mo.** (b) County **St Louis**  
(c) City or town **Lemay**  
(If outside city or town limits, write "RURAL")  
(d) Street No. **721 Horn Ave.**  
(If rural, give location)  
(e) Citizen of foreign country? \_\_\_\_\_ (Yes or No)  
If yes, name country \_\_\_\_\_

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month **July** day **14**  
year **1948** hour **5** minute **15** P. M.

21. I hereby certify that I attended the deceased from **June 1, 1948** to **July 14, 1948**  
that I last saw him alive on **July 14, 1948**  
and that death occurred on the date and hour stated above.

Immediate cause of death **Chronic Endocarditis** Duration **2 years**

Due to \_\_\_\_\_  
Due to **92d**

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? \_\_\_\_\_ Means of injury \_\_\_\_\_

23. Signature **A. W. Peters** (M. D. or other) \_\_\_\_\_  
Address **4175 S Grand** Date signed **July 10/48**

WHILE IN PRINT - USE UNFADING BLACK INK - MAKE A PERMANENT RECORD

MOTHER FATHER

**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 *Clarence Roehow*

Licensed Embalmer No. *3093*

P. O. Address *7128 Michigan*

**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.**