

No. 300
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5-17-39
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FEDERAL BUREAU OF INVESTIGATION
National Office of Vital Statistics
FILED AUG 16 1948

MISSOURI DIVISION OF HEALTH
STANDARD CERTIFICATE OF DEATH

State File No. 25279
Registrar's No. 29

Registration District No. 362

Primary Registration District No. 4531

1. PLACE OF DEATH:
(a) County Warren
(b) City or town Warrenton
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution:
Katie Jane Memorial Home 4
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution 17 days
(Specify whether
In this community _____
years, months or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Missouri (b) County Lincoln 37
(c) City or town Troy township 0
(If outside city or town limits, write "RURAL")
(d) Street No. _____
(If rural, give location)
(e) Citizen of foreign country? no (Yes or No)
If yes, name country _____

3. (a) PRINT FULL NAME Irene Winifred Young
3. (b) If veteran, name war _____ 3. (c) Social Security No. none

MEDICAL CERTIFICATION
20. DATE OF DEATH: Month July 2 day 25
year 1948 hour 4:05 minute _____ P. M.

4. Sex female 5. Color or race white
6. (a) Single, widowed, married, divorced 9
6. (b) Name of husband or wife Lee Young 6. (c) Age of husband or wife if alive 53 years
7. Birth date of deceased March 18, 1902
(Month) (Day) (Year)

21. I hereby certify that I attended the deceased from _____, 19____ to _____, 19____;
that I last saw him alive on July 24, 1948
and that death occurred on the date and hour stated above.

8. AGE: Years Months Days If less than one day
46 4 7 hr. _____ min.

Immediate cause of death Pneumonia related Duration 5 days
Due to Multiple neuritis spine 6 mo.
Due to malnutrition

9. Birthplace St. Louis County Mo. 0
(City, town, or county) (State or foreign country)

Other conditions (Include pregnancy within 3 months of death) _____

10. Usual occupation Housewife

Major findings: Of operations 87 B
Of autopsy _____
PHYSICIAN _____
Underline the cause to which death should be charged statistically.

11. Industry or business _____
12. Name Frank Eirten
13. Birthplace St. Louis County Mo. 0
(City, town, or county) (State or foreign country)
14. Maiden name Cristine Koble
15. Birthplace St. Louis County Mo. 0
(City, town, or county) (State or foreign country)

16. (a) Informant Mr. Lee Young
(b) Address R.R. #3 Troy, Mo.
17. (a) Burial (b) Date thereof 7-27-48
(Burial, cremation, or removal) (Month) (Day) (Year)
(c) Place: burial or cremation St. Louis, Mo.

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? _____

18. (a) Signature of funeral director Albert H. Hoppe Inc.
(b) Address 4700 Washington, St. Louis, Mo.
19. (a) Aug 7 1948 (b) Mrs. Vernelle Maty
(Date received local registrar) (Registrar's signature) 4531

23. Signature W. H. Hatcher (M. D. or other) _____
Address Warrenton Mo Date signed 7-25-48

(Licensed Embalmer's Statement on Reverse Side)

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

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RECEIVED
District Health Officer No. 91
District File Number
AUG 13 1948
Date Filed

AUG 17 1948

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 Frank J. Howard
Licensed Embalmer No. 2675
P. O. Address Howard

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.