

FILED AUG 2 1949

 THE DIVISION OF HEALTH OF MISSOURI
 STANDARD CERTIFICATE OF DEATH

State File No. 25540

BIRTH NO. _____		REG. DIST. NO. 1317		PRIMARY REG. DIST. NO. 3069		Registrar's No. 11585	
1. PLACE OF DEATH a. COUNTY St. Louis				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE New York b. COUNTY _____			
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Richmond Heights		c. LENGTH OF STAY (In this place) 0		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN New York			
d. FULL NAME OF HOSPITAL OR INSTITUTION St. Mary's Hospital				d. STREET ADDRESS (If rural, give location) 140 Madison Ave. 2			
3. NAME OF DECEASED (Type or Print) a. (First) F. Harry Young b. (Middle) c. (Last)			4. DATE OF DEATH (Month) (Day) (Year) July 5, 1949				
5. SEX M. 0	6. COLOR OR RACE W.	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) M. 1		8. DATE OF BIRTH May 31, 1886		9. AGE (In years, less birthday) 65 IF UNDER 1 YEAR: Months 1 Days 4 IF UNDER 24 HRS. Hours Min.	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Store Planing Eng.		10b. KIND OF BUSINESS OR INDUSTRY Bigelow Sanford		11. BIRTHPLACE (State or foreign country) Carp. Co. Boston, Mass!		12. CITIZEN OF WHAT COUNTRY? U.S.A.	
13a. FATHER'S NAME Fred Young		13b. MOTHER'S MAIDEN NAME Unknown Murphy		14. NAME OF HUSBAND OR WIFE Augusta Young			
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) no		16. SOCIAL SECURITY NO.		17. INFORMANT'S SIGNATURE OR NAME N.Y. ADDRESS Mrs. Augusta Young, 140 Madison Ave.			
18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c) <i>This does not mean the mode of dying, such as heart failure, asthma, etc. It means the direct injury, or complication which caused death.</i>		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Ruptured Aneurysm Aorta, with bronchus death. ANTECEDENT CAUSES: Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) due to exsanguination DUE TO (c) II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.				INTERVAL BETWEEN ONSET AND DEATH 1 wk 072A	
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION None -				20. AUTOPSY? YES <input checked="" type="checkbox"/> NO <input type="checkbox"/>	
21a. ACCIDENT SUICIDE HOMICIDE (Specify)		21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)		21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)			
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.		21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21f. HOW DID INJURY OCCUR?			
22. I hereby certify that I attended the deceased from Jan 29, 1949, to July 5, 1949, that I last saw the deceased alive on July 5, 1949, and that death occurred at 4:15 p.m., from the causes and on the date stated above.							
23a. SIGNATURE (Degree or title)				23b. ADDRESS		23c. DATE SIGNED 7/6/49	
24a. BURIAL, CREMATION, REMOVAL (Specify) Burial		24b. DATE July 8th., 1949		24c. NAME OF CEMETERY OR CREMATORY Calvary Cemetery		24d. LOCATION (City, town, or county) (State) St. Louis, Mo. MCLEANSBORO, ILLINOIS	
DATE REC'D BY LOCAL REG. 7-6-49		REGISTRAR'S SIGNATURE Arthur J. Donnell		25. FUNERAL DIRECTOR'S SIGNATURE Arthur J. Donnell		ADDRESS 0 Lindell Blvd.	

(Licensed Embalmer's Statement on Reverse Side)

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

JAN 10 1950

FEB 14 1950

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 _____

Student Embalmer No. _____

working under my personal supervision.

Signed Thomas R. Jewick

Signed _____
Student Embalmer

Licensed Embalmer No. 3793

P. O. Address 384 1/2 Lindell

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.

THE STATE BOARD OF HEALTH OF MISSOURI
BUREAU OF VITAL STATISTICS

State File No. 25540-49

State of Mo
City of ST. LOUIS } ss.
County of ST. LOUIS

AFFIDAVIT FOR CORRECTION OF A RECORD

Local Registrar's No.

On this 9th day of February, 1950, before me appears.....

Arthur J. Donnelly, who, upon his oath, states that the original record of ~~birth~~ death
for J. Harry Young died July 5, 1949, in the State of
Missouri, and which was filed at Clayton, Mo on July 5, 1949, should be corrected as follows:

Item No. 17^c should read Place of Burial - McLeansboro, Illinois
Instead of Calvary Cemetery St Louis Mo

Item No. should read.....
Instead of.....

The above is true to the best of my knowledge, information and belief.

(SEAL)

Affiant Arthur J. Donnelly
Relationship.....

3840 Lindell Blvd St Louis Mo
Present Address.

Subscribed and sworn to before me this 9th day of February, 1950

My Commission expires November 11, 1950 John E. Corrigan Notary Public.

Affidavits containing erasures will not be accepted; draw one line through error and write above it.

