

FILED JUN 29 1950

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

State File No. 22166  
5461  
Registrar's No.

#111789

318

1003

|   |                           |  |   |  |   |   |                          |
|---|---------------------------|--|---|--|---|---|--------------------------|
| BIRTH NO. #111789   |                           | REG. DIST. NO.   |   | PRIMARY REG. DIST. 1003  |   | State File No. 22166<br>5461  |                          |
| 1. PLACE OF DEATH<br>a. COUNTY  |                           |  |   | 2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)<br>a. STATE<br>Missouri<br>b. COUNTY |   |   |                          |
| b. CITY (If outside corporate limits, write RURAL and give town)<br>St. Louis, Missouri   |                           | c. LENGTH OF STAY (In this place)<br>25 Yrs  |   | c. CITY (If outside corporate limits, write RURAL and give township)<br>St. Louis  |   | 224   |                          |
| d. FULL NAME OF HOSPITAL OR INSTITUTION<br>St. Louis City Hospital #1.  |                           |  |   | 27 STREET ADDRESS<br>3300 So. Broadway   |   | (If rural, give location)   |                          |
| 3. NAME OF DECEASED<br>(Type or Print)<br>a. (First) HERMAN<br>b. (Middle) YOUNGCLAUS<br>c. (Last)  |                           |  | 4. DATE OF DEATH<br>(Month) (Day) (Year)<br>June 20th, 1950 |  |   |   |                          |
| 5. SEX<br>Male 0  | 6. COLOR OR RACE<br>White | 7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify)<br>Married 1                                    | 8. DATE OF BIRTH<br>April 16 1893                           |  | 9. AGE (In years last birthday)<br>57                           | IF UNDER 1 YEAR<br>Months   | IF UNDER 24 HRS.<br>Days |
| 10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)<br>Fireman  |                           | 10b. KIND OF BUSINESS OR INDUSTRY<br>Electrical Fixtures   |   | 11. BIRTHPLACE (State or foreign country)<br>Altenburg, Mo.  |   | 12. CITIZEN OF WHAT COUNTRY?<br>U. S. A.  |                          |
| 13a. FATHER'S NAME<br>Henry Youngclaus  |                           | 13b. MOTHER'S MAIDEN NAME<br>Unknown Paulisch  |   | 14. NAME OF HUSBAND OR WIFE<br>Mrs. Dorothy Jungclaus  |   |   |                          |
| 15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown)<br>World War #1   |                           | 16. SOCIAL SECURITY NO.<br>493-03-3836   |   | 17. INFORMANT'S SIGNATURE OR NAME ADDRESS<br>Mrs. Dorothy Jungclaus 4119 Connecticut                                       |   |   |                          |
| 18. CAUSE OF DEATH<br>Enter only one cause per line for (a), (b), and (c)<br><br>*This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death. |                           |  |   | MEDICAL CERTIFICATION<br>INTERVAL BETWEEN ONSET AND DEATH  |   |   |                          |
| I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a)<br>Myocardial Infarction   |                           |  |   | DUE TO (b) Coronary Thrombosis   |   |   |                          |
| ANTECEDENT CAUSES<br>Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.   |                           |  |   | DUE TO (c)   |   |   |                          |
| II. OTHER SIGNIFICANT CONDITIONS<br>Conditions contributing to the death but not related to the disease or condition causing death.   |                           |  |   |  |   |   |                          |
| 19a. DATE OF OPERATION  |                           | 19b. MAJOR FINDINGS OF OPERATION   |   |  |   | 20. AUTOPSY?<br>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)   |                           | 21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/> |   | 21f. HOW DID INJURY OCCUR?<br>4201   |   |   |                          |
| 22. I hereby certify that I attended the deceased from 19__ to 6/20/50, 19__, that I last saw the deceased alive on 6/20/50, 19__, and that death occurred at 9:30pm m., from the causes and on the date stated above.          |                           |  |   |  |   |   |                          |
| 23a. SIGNATURE<br>Clairon Hendin M.D.   |                           |  |   | 23b. ADDRESS<br>1515 Lafayette Ave.,   |   | 23c. DATE SIGNED<br>6/21/50   |                          |
| 24a. BURIAL, CREMATION, REMOVAL (Specify)<br>Burial   |                           | 24b. DATE<br>June 24 1950  | 24c. NAME OF CEMETERY OR CREMATORY<br>Concordia Cemetery    |  | 24d. LOCATION (City, town, or county) (State)<br>St. Louis, Mo. |   |                          |
| DATE REC'D BY LOCAL REG.<br>JUN 23 1950   |                           | REGISTRAR'S SIGNATURE<br>J B Sauter  |   | 25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS<br>Beiderwieden F. H. Inc. 1936 St. Louis Ave                                     |   |   |                          |

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

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 \_\_\_\_\_

working under my personal supervision.

Student Embalmer No. ....

Signed.....

*Delis J. Kriskin*

Signed.....

Student Embalmer

Licensed Embalmer No. ....

*3497*

P. O. Address.....

*1936 St. Louis*

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.