

No. 300
10. 48

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. **43572**

FILED DEC 29 1951

BIRTH NO. _____ REG. DIST. NO. **317** PRIMARY REG. DIST. NO. **3069** Registrar's No. **4034**

1. PLACE OF DEATH a. COUNTY St. Louis		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before death) a. STATE Missouri b. COUNTY St. Louis	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Richmond Hgts.		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Valley Park	
c. LENGTH OF STAY (in this place) 4 days		4761	
d. FULL NAME OF HOSPITAL OR INSTITUTION St. Marys Hospital		d. STREET ADDRESS (If rural, give location) # 5 Lookout Ave.	

3. NAME OF DECEASED (Type or Print)	a. (First) Joseph	b. (Middle) F.	c. (Last) Young	4. DATE OF DEATH (Month) (Day) (Year) Dec. 17, 1951
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5. SEX Male	6. COLOR OR RACE White	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Married	8. DATE OF BIRTH Dec. 4, 1891	9. AGE (In years last birthday) 60	IF UNDER 1 YEAR Months 0 Days 13	IF UNDER 12 HRS Hours 13 Min.
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10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Factory Worker	10b. KIND OF BUSINESS OR INDUSTRY Baldor Electric Co.	11. BIRTHPLACE (State or foreign country) Ford City, Penn.	12. CITIZEN OF WHAT COUNTRY? U.S.
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13a. FATHER'S NAME Henry Young	13b. MOTHER'S MAIDEN NAME Mary Schweitzer	14. NAME OF HUSBAND OR WIFE Irene Young Valley Park
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15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) yes	(If yes, give war or dates of service) World War I	16. SOCIAL SECURITY NO. 494-05-5171	17. INFORMANT'S SIGNATURE OR NAME Irene Young	ADDRESS Valley Park, Mo.
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18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c) *This does not mean the mode of dying, such as heart failure, asphyxia, etc. It means the disease, injury, or complication which caused death.	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Congestive Failure		INTERVAL BETWEEN ONSET AND DEATH
	ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) Hypertensive arteriosclerosis		
	DUE TO (c) Cardiovascular renal disease		
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. Pulm. infarction & intestinal obstr.			

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY? YES <input checked="" type="checkbox"/> NO <input type="checkbox"/>
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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)
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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?
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22. I hereby certify that I attended the deceased from **Dec. 14, 1951** to **Dec. 17, 1951**, that I last saw the deceased alive on **17 Dec. 1951**, and that death occurred at **10 P. m.** from the causes and on the date stated above.

23a. SIGNATURE Adriella Eastmanella	(Degree or title)	23b. ADDRESS 3726 Washington Ave	23c. DATE SIGNED 19 Dec 51
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24a. BURIAL, CREMATION, REMOVAL (Specify) Burial	24b. DATE 12/20/51	24c. NAME OF CEMETERY OR CREMATORY Sacred Heart Cemetery	24d. LOCATION (City, town, or county) (State) Valley Park, Missouri
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DATE REC'D BY LOCAL REG. 12-19-51	REGISTRAR'S SIGNATURE Herbert R. Donke	25. FUNERAL DIRECTOR'S SIGNATURE Meyer-Pfitzinger	ADDRESS Kirkwood 22, Mo.
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(Licensed Embalmer's Statement on Reverse Side)

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

2014 APR 22

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.

Student
Student Embalmer

Signed

William H. Pfister

Licensed Embalmer No. *4316*

P. O. Address

Kirkwood, Mo

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.