

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

58-041171

State File No. ....

No. 300  
10.48

FILED NOV 17 1958

BIRTH NO. \_\_\_\_\_ REG. DIST. NO. 310 PRIMARY REG. DIST. NO. 605L Registrar's No. 261

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

1. PLACE OF DEATH a. COUNTY <u>ST. CHARLES</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before death.) a. STATE <u>OHIO</u> b. COUNTY <u>Uniontown.</u>	
b. CITY OR TOWN <u>ST. CHARLES RURAL</u> (If outside corporate limits, write RURAL and give township)	c. LENGTH OF STAY (in this place) <u>21 YEARS</u>	c. CITY OR TOWN <u>SHARONVILLE</u>	d. In Residence within limits of a city or incorporated town? Yes <input type="checkbox"/> No <input type="checkbox"/>
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>EVANGELICAL EMMAUS HOME</u>		e. STREET ADDRESS <u>8300 S</u> (If rural, give location)	

3. NAME OF DECEASED (Type or Print)	a. (First) <u>ALMA</u>	b. (Middle) <u>—</u>	c. (Last) <u>YUNG.</u>	4. DATE OF DEATH (Month) (Day) (Year) <u>Nov. 10, 1958</u>
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5. SEX <u>FEMALE</u>	6. COLOR OR RACE <u>WHITE</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED, (Specify) <u>NEVER MARRIED</u>	8. DATE OF BIRTH <u>DEC. 21, 1899</u>	9. AGE (In years last birthday) <u>57</u> if UNDER 1 YEAR Months Days if UNDER 24 HRS. Hours Min.
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10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>NONE</u>	10b. KIND OF BUSINESS OR INDUSTRY <u>NONE</u>	11. BIRTHPLACE (City and State or Foreign Country) <u>KENTUCKY</u>	12. CITIZEN OF WHAT COUNTRY? <u>U.S.A.</u>
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13a. FATHER'S NAME <u>HERMAN F. YUNG</u>	13b. MOTHER'S MAIDEN NAME <u>CATHERINE HESS</u>	14. NAME OF HUSBAND OR WIFE <u>NONE</u>
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15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <u>NO.</u>	16. SOCIAL SECURITY NO. <u>NONE</u>	17. INFORMANT'S SIGNATURE OR NAME <u>Theophil Storken</u> ADDRESS <u>ST. CHARLES, MO.</u>
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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.	1. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Pneumonia</u>		INTERVAL BETWEEN ONSET AND DEATH <u>4 days</u>
	ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) _____ DUE TO (c) _____		
	II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. <u>Mental Deficiency</u>		

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION <u>493 X</u>	20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" 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)	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 Nov 1958 to Nov 58 that I last saw the deceased alive on Nov 10, 1958 and that death occurred at 10:00 to m., from the causes and on the date stated above.

23a. SIGNATURE <u>W. H. Poggenmeyer M.D.</u> (Degree or title)	23b. ADDRESS <u>St Charles, Mo</u>	23c. DATE SIGNED <u>Nov 11, 1958</u>
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24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Removal</u>	24b. DATE <u>Nov. 14-58</u>	24c. NAME OF CEMETERY OR CREMATORY <u>EVERGREEN CEMETERY</u>	24d. LOCATION (City, town, or county) (State) <u>SOUTHGATE KENTUCKY</u>
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DATE REC'D BY LOCAL REG. <u>Nov. 11-58</u>	REGISTRAR'S SIGNATURE <u>Maceela Wilson</u>	25. FUNERAL DIRECTOR'S SIGNATURE <u>Vorhieson Hm. Lockland</u> ADDRESS <u>Ohio</u>
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**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.....  
Signature of Student Embalmer

Signed..... *David C. Bae* .....

Licensed Embalmer No. *5060*

P. O. Address *St. Charles*

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 embalmed by a STUDENT, he also shall sign in his OWN handwriting.  
If this body is not embalmed, fact should be so stated above.