PLACE OF DEATH

MISSOURI STATE BOARD OF HEALTH
BUREAU OF VITAL STATISTICS
CERTIFICATE OF DEATH

County

Township
or
Village
or
City (NO. St Louis Children's Hosp Ho St.; Ward)

Registration District No. 791 File No. 19842

Primary Registration District No. 1003 Registered No. 5078

[If death occurred in a hospital or institution, give its NAME instead of street and number]

FULL NAME Anthony Youngman

PERSONAL AND STATISTICAL PARTICULARS

SEX: M

COLOR OR RACE: White

SINGLE MARRIED WIDOWED OR DIVORCED (Write the word): X

DATE OF BIRTH: March 23, 1911 (Month) (Day) (Year)

AGE: — yrs. 2 mos. 3 ds.

If LESS than 1 day, ___ hrs. or ___ min.?

OCCUPATION
(a) Trade, profession, or particular kind of work: X
(b) General nature of industry, business, or establishment in which employed (or employer): X

BIRTHPLACE (City or town, State or foreign country): St Louis O

PARENTS

NAME OF FATHER: Anthony X

BIRTHPLACE OF FATHER (City or town, State or foreign country): St Louis

MAIDEN NAME OF MOTHER: Rose Lynch

BIRTHPLACE OF MOTHER (City or town, State or foreign country): Philadelphia

THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE

(Informant) Clyde P Dyer

(ADDRESS) 400 S Jefferson

Filed MAY 27 1911 191 Max C Starkloff REGISTRAR

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH: May 26, 1911 (Month) (Day) (Year)

I HEREBY CERTIFY, that I attended deceased from May 20, 1911, to May 26, 1911, that I last saw him alive on May 25, 1911, and that death occurred, on the date stated above, at 4:30 p.m.

The CAUSE OF DEATH* was as follows:

Chronic Pyloric Obstruction

(Duration) ___ yrs. ___ mos. 15 ds.

Contributory (SECONDARY) Malnutrition

(Duration) ___ yrs. 1½ mos. ___ ds.

(Signed) John Zahorsky M. D.

May 27, 1911 (Address) 1460 S Grand

*State the Disease Causing Death, or, in deaths from Violent Causes, state (1) Means of Injury; and (2) whether Accidental, Suicidal, or Homicidal.

LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS)

At place of death ___ yrs. ___ mos. 6 ds. In the State ___ yrs. ___ mos. ___ ds.

Where was disease contracted if not at place of death?

Former or usual residence 4323 Garfield

PLACE OF BURIAL OR REMOVAL: Calvary

DATE OF BURIAL: May 27 191

UNDERTAKER: M Farlaud & Sons

ADDRESS: 4038 Eastin

Revised United States Standard Certificate of Death

[Approved by U. S. Census and American Public Health Association]

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. The question applies to each and every person, irrespective of age. For many occupations a single word or term on the first line will be sufficient, e. g., *Farmer* or *Planter, Physician, Compositor, Architect, Locomotive engineer, Civil engineer, Stationary fireman,* etc. But in many cases, especially in industrial employments, it is necessary to know (*a*) the kind of work and also (*b*) the nature of the business or industry, and therefore an additional line is provided for the latter statement; it should be used only when needed. As examples: (*a*) *Spinner,* (*b*) *Cotton mill;* (*a*) *Salesman,* (*b*) *Grocery;* (*a*) *Foreman,* (*b*) *Automobile factory.* The material worked on may form part of the second statement. Never return "Laborer," "Foreman," "Manager," "Dealer," etc., without more precise specification, as *Day laborer, Farm laborer, Laborer—Coal mine,* etc. Women at home, who are engaged in the duties of the household only (not paid *Housekeepers* who receive a definite salary), may be entered as *Housewife, Housework,* or *At home,* and children, not gainfully employed, as *At school* or *At home.* Care should be taken to report specifically the occupations of persons engaged in domestic service for wages, as *Servant, Cook, Housemaid,* etc. If the occupation has been changed or given up on account of the DISEASE CAUSING DEATH, state occupation at beginning of illness. If retired from business, that fact may be indicated thus: *Farmer (retired, 6 yrs.).* For persons who have no occupation whatever, write *None.*

Statement of cause of death.—Name, first, the DISEASE CAUSING DEATH (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: *Cerebrospinal fever* (the only definite synonym is "Epidemic cerebrospinal meningitis"); *Diphtheria* (avoid use of "Croup"); *Typhoid fever* (never report "Typhoid pneumonia"); *Lobar pneumonia; Bronchopneumonia* ("Pneumonia," unqualified, is indefinite); *Tuberculosis of lungs, meninges, peritonaeum,* etc., *Carcinoma, Sarcoma,* etc., of ..... (name origin; "Cancer" is less definite; avoid use of "Tumor" for malignant neoplasms); *Measles; Whooping cough; Chronic valvular heart disease; Chronic interstitial nephritis,* etc. The contributory (secondary or intercurrent) affection need not be stated unless important. Example: *Measles* (disease causing death), *29 ds.; Bronchopneumonia* (secondary), *10 ds.* Never report mere symptoms or terminal conditions, such as "Asthenia," "Anaemia" (merely symptomatic), "Atrophy," "Collapse," "Coma," "Convulsions," "Debility" ("Congenital," "Senile," etc.), "Dropsy," "Exhaustion," "Heart failure," "Haemorrhage," "Inanition," "Marasmus," "Old age," "Shock," "Uraemia," "Weakness," etc., when a definite disease can be ascertained as the cause. Always qualify all diseases resulting from childbirth or miscarriage, as "PUERPERAL *septichaemia,*" "PUERPERAL *peritonitis,*" etc. State cause for which surgical operation was undertaken. For VIOLENT DEATHS state MEANS OF INJURY and qualify as ACCIDENTAL, SUICIDAL, or HOMICIDAL, or as *probably* such, if impossible to determine definitely. Examples: *Accidental drowning; Struck by railway train—accident; Revolver wound of head—homicide; Poisoned by carbolic acid—probably suicide.* The nature of the injury, as fracture of skull, and consequences (e. g., *sepsis, tetanus*) may be stated under the head of "Contributory." (Recommendations on statement of cause of death approved by Committee on Nomenclature of the American Medical Association.)

HUGH STEPHENS, JEFFERSON CITY.

PLACE OF DEATH

County

Township or Village or City St Louis (NO. St Louis Childrens Hospital Ward)

REGISTRARS SHALL NOT RECEIVE A FEE FOR CERTIFICATES UNTIL THEY ARE COMPLETED AS PRESCRIBED BY LAW.

MISSOURI STATE BOARD OF HEALTH
BUREAU OF VITAL STATISTICS
CERTIFICATE OF DEATH

Registration District No. 791 File No. 19842

Primary Registration District No. 1003 Registered No. 5078

[If death occurred in a hospital or institution, give its NAME instead of street and number]

FULL NAME Anthony Youngman.

SUPPLEMENTARY

PERSONAL AND STATISTICAL PARTICULARS

SEX: M.

COLOR OR RACE: W.

SINGLE MARRIED WIDOWED OR DIVORCED (Write the word): X

DATE OF BIRTH: March 23, 1911 (Month) (Day) (Year)

AGE: ____ yrs. 2 mos. 3 ds. If LESS than 1 day, ____ hrs. or ____ min.

OCCUPATION
(a) Trade, profession, or particular kind of work: X
(b) General nature of industry, business, or establishment in which employed (or employer): X

BIRTHPLACE (City or town, State or foreign country): St Louis

PARENTS
NAME OF FATHER: Anthony Youngman
BIRTHPLACE OF FATHER (City or town, State or foreign country): St Louis
MAIDEN NAME OF MOTHER: Rose Lynch
BIRTHPLACE OF MOTHER (City or town, State or foreign country): Philadelphia

THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE

(Informant) Clyde P. Dyer per Mrs Arlany

(ADDRESS) 400 S. Jefferson

Filed 7-2, 1911. U. G. Snodgrass Dep. REGISTRAR

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH: May 26, 1911 (Month) (Day) (Year)

I HEREBY CERTIFY, that I attended deceased from May 20, 1911, to May 26, 1911, that I last saw him alive on " 25, 1911, and that death occurred, on the date stated above, at 4:30 P.m.

The CAUSE OF DEATH* was as follows:

Chronic Pyloric obstruction

(Duration) ____ yrs. ____ mos. 15 ds.

Contributory (SECONDARY) malnutrition

(Duration) ____ yrs. 1 1/2 mos. ____ ds.

(Signed) John Zahersky M. D.

May 27, 1911 (Address) 1460 Grand.

*State the Disease Causing Death, or, in deaths from Violent Causes, state (1) Means of Injury; and (2) whether Accidental, Suicidal, or Homicidal.

LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS)

At place of death ____ yrs. ____ mos. 6 ds. In the State ____ yrs. ____ mos. ____ ds.

Where was disease contracted if not at place of death?

Former or usual residence 4323 Garfield

PLACE OF BURIAL OR REMOVAL: Calvary

DATE OF BURIAL: May 27, 1911

UNDERTAKER: McFarland, Und Co.

ADDRESS: 4038 Easton.

Original file, date ____ 19____

All information called for must be written on this Supplementary Certificate.

Revised United States Standard Certificate of Death

[Approved by U. S. Census and American Public Health Association]

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