V 22 1928

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important.

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

Do not use this space.
34730

1. PLACE OF DEATH

County St Louis — Registration District No. 1160 — File No. 98

Township Central — Primary Registration District No. 4470 — Registered No.

City University City (No. 6719 a Crest Ave. St. Ward)

2. FULL NAME Florence Louise Young

(a) Residence. No. 6719 a Crest Ave St., Ward. (If nonresident give city or town and State)
(Usual place of abode)

Length of residence in city or town where death occurred yrs. mos. ds. How long in U.S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: Female
4. COLOR OR RACE: White
5. SINGLE, MARRIED, WIDOWED OR DIVORCED (write the word): Married

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF: Homer Young

6. DATE OF BIRTH (MONTH, DAY AND YEAR): Feb 25 - 1900

7. AGE: Years 28 | Months 7 | Days 22 | If LESS than 1 day, ___ hrs. or ___ min.

8. OCCUPATION OF DECEASED
(a) Trade, profession, or particular kind of work: Housewife
(b) General nature of industry, business, or establishment in which employed (or employer):
(c) Name of employer

9. BIRTHPLACE (CITY OR TOWN): St Louis
(STATE OR COUNTRY): Missouri

PARENTS
10. NAME OF FATHER: Frank E. Vose
11. BIRTHPLACE OF FATHER (CITY OR TOWN): ?
(STATE OR COUNTRY): New Hampshire
12. MAIDEN NAME OF MOTHER: Etta Ring
13. BIRTHPLACE OF MOTHER (CITY OR TOWN): ?
(STATE OR COUNTRY): Indiana

14. INFORMANT: Mr. Homer Young
(Address) 6719 a Crest Ave

15. FILED 10-20 1928 Gillian Dunn REGISTRAR

2 MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR): Oct 17 1928

17. I HEREBY CERTIFY, That I attended deceased from Apr. 5 1928, 19__, to Oct. 16, 1928, that I last saw her alive on Oct. 16, 1928, and that death occurred, on the date stated above, at 1.50 a m.

THE CAUSE OF DEATH* WAS AS FOLLOWS:
23A Cardiac failure

31

(duration) yrs. mos. 1 ds.

CONTRIBUTORY (SECONDARY): Tuberculosis Pulmonary (duration) 1 yrs. 6 mos. — ds.

18. WHERE WAS DISEASE CONTRACTED
IF NOT AT PLACE OF DEATH?
0 DID AN OPERATION PRECEDE DEATH? No DATE OF —
WAS THERE AN AUTOPSY? No
WHAT TEST CONFIRMED DIAGNOSIS?

(Signed) James P. Dougherty, M. D
10-20, 1928 (Address) 1900 Belt Ave.

*State the DISEASE CAUSING DEATH, or in deaths from VIOLENT CAUSES, state (1) MEANS AND NATURE OF INJURY, and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

19. PLACE OF BURIAL, CREMATION, OR REMOVAL: Valhalla Cemetery
DATE OF BURIAL: 10-20 1928

20. UNDERTAKER: Geo. L. Pleitsch
ADDRESS: [redacted] Easton ave