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

Do not use this space.

34791

File No. 9739

Registered No.

1. PLACE OF DEATH

County

Township

City St Louis (No. 3953 Lexington a St. Ward)

Registration District No. 791

Primary Registration District No. 1003

2. FULL NAME Irene Young

(a) Residence. No. (Usual place of abode) St. 10 Ward. (If nonresident give city or town and State)

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

5a. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF John H Young

6. DATE OF BIRTH (MONTH, DAY AND YEAR) Feb 16 1887

7. AGE	YEARS	MONTHS	DAYS	If LESS than 1 day, hrs. or min.
	41	6	16	

8. OCCUPATION OF DECEASED

(a) Trade, profession, or particular kind of work at Home

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

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

PARENTS

10. NAME OF FATHER Wm Rowberry

11. BIRTHPLACE OF FATHER (CITY OR TOWN) (STATE OR COUNTRY) St Louis

12. MAIDEN NAME OF MOTHER Catherine Brinn

13. BIRTHPLACE OF MOTHER (CITY OR TOWN) (STATE OR COUNTRY) St Louis

14. INFORMANT John H Young

(Address) 3953 Lexington a

15. OCT -3 1928 FILED, 19 Max E Starkloff REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR) 10-2-1928

17. I HEREBY CERTIFY, That I attended deceased from Oct 1 1928, to Oct 2 1928, that I last saw h alive on Oct 2 1928, and that death occurred, on the date stated above, at 1 03 a m.

THE CAUSE OF DEATH* WAS AS FOLLOWS:

Pulmonary Infarction (Right)

900 92B 111B

(duration) yrs. mos. 3 days

CONTRIBUTORY (SECONDARY) Chronic Endocarditis (Mitral Stenosis)

(duration) yrs. mos. ds.

18. WHERE WAS DISEASE CONTRACTED

IF NOT AT PLACE OF DEATH?

DID AN OPERATION PRECEDE DEATH? No DATE OF

WAS THERE AN AUTOPSY? No

WHAT TEST CONFIRMED DIAGNOSIS? Clinical

Oct 3, 1928 (Signed) R A Harris; M. D. (Address) Mission, Clat Buenos

*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	DATE OF BURIAL
Calvary	10-4 1928
20. UNDERTAKER	**ADDRESS**
Arthur J Donnelly	2039 Wash St

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.

PERMANENT RECORD

RC Harris

Jff 7675
University Club Bc
11-3