

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

Do not use this space.

38518

1. PLACE OF DEATH

County..... Registration District No. **791**
 Township..... Primary Registration District No. **1003**
 City, **St. Louis** (No. **Kenotte City Hosp** St. **11137** Ward)

2. FULL NAME

William Young
 (a) Residence. No. **1356 Norfolk Ave** St. **16** Ward.
 (Usual place of abode)
 Length of residence in city or town where death occurred **45** yrs. — mos. — ds. How long in U.S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX **Male** 4. COLOR OR RACE **White** 5. SINGLE, MARRIED, WIDOWED OR DIVORCED (write the word) **Widowed**

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF **Augusta Young**

6. DATE OF BIRTH (MONTH, DAY AND YEAR) **Apr. 1856**

7. AGE YEARS MONTHS DAYS IF LESS than 1 day, hrs. or min.
About 72

8. OCCUPATION OF DECEASED

(a) Trade, profession, or particular kind of work **Machinist**
 (b) General nature of industry, business, or establishment in which employed (or employer)
 (c) Name of employer **United Railway**

9. BIRTHPLACE (CITY OR TOWN) **Germany**
 (STATE OR COUNTRY)

PARENTS

10. NAME OF FATHER **William Young**

11. BIRTHPLACE OF FATHER (CITY OR TOWN) **Germany**
 (STATE OR COUNTRY)

12. MAIDEN NAME OF MOTHER **Unknown**

13. BIRTHPLACE OF MOTHER (CITY OR TOWN) **Germany**
 (STATE OR COUNTRY)

14. INFORMANT **John Young**
 (Address) **4427 N. Capen St**

15. **NOV 15 1928** FILED **Nov 15 1928** **W. C. Stanley** REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR) **Nov 13 1928**

17. I HEREBY CERTIFY, That I attended deceased from 19..... to 19..... that I last saw h..... alive on 19....., and that death occurred, on the date stated above, at **11:30 a.m.**

THE CAUSE OF DEATH* WAS AS FOLLOWS:

Chronic Myocarditis
93C

CONTRIBUTORY (SECONDARY) **W.M.A.**

18. WHERE WAS DISEASE CONTRACTED **90B**
 IF NOT AT PLACE OF DEATH

8 DID AN OPERATION PRECEDE DEATH? DATE OF.....
 WAS THERE AN AUTOPSY?.....

WHAT TEST CONFIRMED DIAGNOSIS?
 (Signed) **J. F. W. Jones, M.D.**
11/15/28 (Address) **Dep. Cora**

*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 **11-15-1928**

20. UNDERTAKER **Kriegskausa Hall** ADDRESS **41024 Manchester**

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.

