

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

Do not use this space.

P1270
34390
File No. _____
Registered No. **9747**
St. _____ Ward _____

1. PLACE OF DEATH

County St. Louis Registration District No. **791**
Township _____ Primary Registration District No. **1003**
City St. Louis (No. 524 Kansas)

2. FULL NAME

(a) Residence No. 524 Kansas St. 1 Ward _____
(Usual place of abode) (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 <u>Male</u>	4. COLOR OR RACE <u>White</u>	5. SINGLE, MARRIED, WIDOWED OR DIVORCED (write the word) <u>Widowed</u>		
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF <u>Sadie</u>				
6. DATE OF BIRTH (MONTH, DAY AND YEAR) <u>Sept 17, 1857</u>				
7. AGE	YEARS <u>73</u>	MONTHS <u>0</u>	DAYS <u>24</u>	If LESS than 1 day, hrs. or min.
8. OCCUPATION OF DECEASED (a) Trade, profession, or particular kind of work <u>Machinist</u> (b) General nature of industry, business, or establishment in which employed (or employer) <u>Egan & Luth Co</u> (c) Name of employer				

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

PARENTS	10. NAME OF FATHER <u>George Younger</u>
	11. BIRTHPLACE OF FATHER (CITY OR TOWN) (STATE OR COUNTRY) <u>Germany</u>
	12. MAIDEN NAME OF MOTHER <u>Margaret Bagan</u>
13. BIRTHPLACE OF MOTHER (CITY OR TOWN) (STATE OR COUNTRY) <u>Germany</u>	

14. INFORMANT George W. Younger
(Address) 524 Kansas

15. FILED Oct 13 1930 Mar & Starvel
REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR) Oct 11 1930
17. I HEREBY CERTIFY, That I attended deceased from 10/21, 1930, to 10/11, 1930 that I last saw h. alive on 10/11, 1930, and that death occurred, on the date stated above, at 6:50 A.M.

THE CAUSE OF DEATH* WAS AS FOLLOWS:
Broncho-pneumonia
11 A.M. (duration) yrs. mos. 5 ds.
CONTRIBUTORY (SECONDARY) Supper
(duration) yrs. mos. 6 ds.

18. WHERE WAS DISEASE CONTRACTED?
NOT AT PLACE OF DEATH
DID AN OPERATION PRECEDE DEATH? No. DATE OF _____
WAS THERE AN AUTOPSY? Physical Exam.
WHAT TEST CONFIRMED DIAGNOSIS?
(Signed) H. H. Hoffmeister M. D.
10/11, 1930 (Address) 3958 S. Grand
*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 Park Lawn DATE OF BURIAL 10/14 1930

20. UNDERTAKER Hoffmeister & Co ADDRESS 7814 So. B. Ave

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.

