

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

Do not use this space.

29488

1. PLACE OF DEATH

County Registration District No. ⁷⁹¹
 Township Primary Registration District No. ¹⁰⁰³
 City St. Louis (No. Christian Hosp) St. St. Louis Co. Mo Ward

2. FULL NAME

Arlene Pearl Young
 (a) Residence, No. 2526 Ada Ave St. 29 Ward. St. Louis Co. Mo
 (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 Female 4. COLOR OR RACE white 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) single

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Aug 13 - 1910

7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min.
20 11 23

OCCUPATION 8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. House work
 9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. 1953
 10. Date deceased last worked at this occupation (month and year) 8-28-33
 11. Total time (years) spent in this occupation 7-04

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) St. Louis Mo

FATHER 13. NAME James P. Young

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Ind.

MOTHER 15. MAIDEN NAME Martha Pearl Holokenney

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Ind.

17. INFORMANT James P. Young
 (ADDRESS) 2526 Ada Ave

18. BURIAL, CREMATION, OR REMOVAL

PLACE St. Peters DATE Aug 7 1931

19. UNDERTAKER Groneburg and Co
 (ADDRESS) 4748 91st St. St. Louis Mo

20. FILED ALG - 6 1 W. C. HARDY
 Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Aug 5 1931

22. I HEREBY CERTIFY, That I attended deceased from

....., 19....., to....., 19.....
 I last saw h..... alive on....., 19..... Death is said to have occurred on the date stated above, at..... m.

The principal cause of death and related causes of importance were as follows:

Cerebral Haemorrhage
Purpura Haemorrhagica
Fracture stomach on head
with monkey wrench near
 Other contributory causes of importance:
Chicago, Ill.
Homicide.

Name of operation..... Date of.....

What test confirmed diagnosis?..... Was there an autopsy? Yes

23. If death was due to external causes (violence), fill in also the following:
 Accident, suicide, or homicide? Homicide Date of injury 7/5 1931

Where did injury occur? Chicago, Ill.
 (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place.
Public Place

Manner of injury Struck by monkey wrench

Nature of injury Cerebral Haemorrhage

24. Was disease or injury in any way related to occupation of deceased? No

If so, specify.....

(Signed) W. C. Hardy M.D.

(Address) 815 1/2 St. Louis Mo

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.

