

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

Do not use this space.

10142

1. PLACE OF DEATH

County..... Registration District No. *1795*
Township..... Primary Registration District No. *509*
City *St. Louis* (No. *Mo Baptist Hospital*) St. Ward

File No.....
Registered No. *2158*
St. Ward

2. FULL NAME

(a) Residence, No. *Joseph Young* St. *12* Ward. *Springfield Ill*
(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 *Male* 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 *Anna Young*

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) *Dec. 25-1875*

7. AGE	YEARS	MONTHS	DAYS	If LESS than 1 day, hrs. or min.
	<i>56</i>	<i>2</i>	<i>9</i>	

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. *Coal miner*

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year) *Nov. 1931* 11. Total time (years) spent in this occupation *32*

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) *Riverton Ill*

FATHER 13. NAME *Joseph Young*

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

MOTHER 15. MAIDEN NAME *Katherine Puhoda*

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) *Austria*

17. INFORMANT *Leo Young* (ADDRESS) *Springfield Ill*

18. BURIAL, CREMATION, OR REMOVAL PLACE *Springfield Ill* DATE *3/7*

19. UNDERTAKER (ADDRESS) *Kilbin & Egan Springfield Ill*

20. FILED *MAR - 5 1932* Registrar *W. H. Barker*

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) *March 5, 1932*

22. I HEREBY CERTIFY, That I attended deceased from *Feb. 19, 1932* to *March 5, 1932*

I last saw him alive on *March 4, 1932* Death is said to have occurred on the date stated above, at *3:30* a. m.

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

Tumor of the brain pt. parietal - benign

Other contributory causes of importance: *Pneumonia Broncho*

Name of operation *5/10* Date of *1*

What test confirmed diagnosis? Was there an autopsy?

23. If death was due to external causes (violence), fill in also the following: Accident, suicide, or homicide? Date of injury, 19.....

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

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

Manner of injury Nature of injury

24. Was disease or injury in any way related to occupation of deceased? If so, specify

(Signed) *R. M. Klemme* M. D. (Address) *519 University Club Bldg*

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.

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