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.

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

Do not use this space.

21280

791

1. PLACE OF DEATH

County ..... Registration District No. ..... File No. .....

Township ..... Primary Registration District No. ..... Registered No. 5837

City St Louis Mo (No. City Hospital #2 St. ..... Ward)

2. FULL NAME Louis Young

(a) Residence, No. 2648 Randolph St. 22 Ward. (If nonresident, give city or town and State)
(Usual place of abode)

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: Col
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) 10-21-1931

7. AGE YEARS MONTHS 7 DAYS 26 If LESS than 1 day, ... hrs. or ..... min.

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

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

FATHER
13. NAME Noah Young
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Miss

MOTHER
15. MAIDEN NAME Carl Williamson
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Ferry

17. INFORMANT (ADDRESS) A Gertrude Heath City Hospital #2

18. BURIAL, CREMATION, OR REMOVAL
PLACE Tatha Dickerson DATE June 21 1932

19. UNDERTAKER (ADDRESS) Watson and Son 2769 Montgomery Ave

20. FILED JUN 21 1932 19 [signature] Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) 6-17- 1932

22. I HEREBY CERTIFY, That I attended deceased from 6-16- 1932, to 6-17- 1932

I last saw him alive on 6-17 1932 Death is said to have occurred on the date stated above, at 4 a m.

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

	Date of onset
108	
Lobar Pneumonia	

Other contributory causes of importance:

108 ①

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

What test confirmed diagnosis? Chr Lab Was there an autopsy? No

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) C M Smith, M. D.

(Address) City Hosp. No. 2