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.

30264

File No. .....

Registered No. 263

1. PLACE OF DEATH

96

County St. Louis — Registration District No. 789

Township Central — Primary Registration District No. 6033 B

City ..... (No. 8325, Jackson Ave. St. ..... Ward)

2. FULL NAME Felix W. Young

(a) Residence, No. 8325 Jackson St., ... 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	4. COLOR OR RACE	5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word)
Male	White	Married

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) June 16, 1868.

7. AGE YEARS	MONTHS	DAYS	If LESS than 1 day, ...hrs. or ....min.
64	3	8	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Paymaster 128

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

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 Wm. Young

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) New York ?

MOTHER

15. MAIDEN NAME Adelia Coonce

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) St. Louis. !

17. INFORMANT Mildred S. Young.
(ADDRESS) 8325 Jackson

18. BURIAL, CREMATION, OR REMOVAL
PLACE Valhalla Crematory DATE 9/26/32. 19....

19. UNDERTAKER Robert J. Umfryster Inc.
(ADDRESS) 6033 Clayton Rd.

20. FILED 9/25/ 1932 Joella Brady M.D.
Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Sept. 24, 1932

22. I HEREBY CERTIFY, That I attended deceased from Sept 9, 1932, to Sept 24, 1932

I last saw h... alive on Sept 24, 1932. Death is said to have occurred on the date stated above, at 1.30 A.m.

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

	Date of onset
Cerebral Haemorrhage	9/9/32
92A	
82A	

Other contributory causes of importance:

Mitral Insufficiency

8

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

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) Otto L. Schlender, M. D.

(Address) 4906 Washington

MAR 12 1945