

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

Do not use this space.

1. PLACE OF DEATH

County..... Registration District No. 5707
 Township St Louis Primary Registration District No. 19
 City St Louis No. 3813 Rear Washington Blvd St. 19 (Ward)

18447
 File No.
 Registered No. **4703**

2. FULL NAME

William Young
 (a) Residence, No. 3813 Washington Blvd, St., 19 Ward.
 (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 Colored 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) Married

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Jan. 6, 1885

7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min.
48 4 18

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

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)..... 11. Total time (years) spent in this occupation.....

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Gordonville Ky.

13. NAME Jack Young

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

15. MAIDEN NAME Lizzie Unknown

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Unknown Ky.

17. INFORMANT Callie Young
 (ADDRESS) 3813 Rear Washington Blvd

18. BURIAL, CREMATION, OR REMOVAL PLACE Washington Blvd DATE May 29, 1933

19. UNDERTAKER Manuel Undertaking Co
 (ADDRESS) 4059 Jimmy Ave

20. FILED 59 111
J. Bredeck
 Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) 5-24-1933

22. I HEREBY CERTIFY, That I attended deceased from Jan 6th, 1933, to May 29, 1933. I last saw him alive on May 20, 1933. Death is said to have occurred on the date stated above, at 1:15 A.M.
 The principal cause of death and related causes of importance were as follows:

46 D
Carcinoma of stomach

Other contributory causes of importance:

46 B

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) J. Bredeck, M. D.

(Address) 3500 Olive St.

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.

WHITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

59 111

L. W. Groves