

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.

AUG 9 1935

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

Do not use this space.

1. PLACE OF DEATH

County.....
Township.....
City *St. Louis*

Registration District No. *991*
Primary Registration District No. *1003*
(No. *4241 Folsom Ave.*)

File No. *24538*
Registered No. *5922*
St. Ward)

2. FULL NAME *Julius Young*

(a) Residence, No. *326 S. Compton* St. *21* Ward.
(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. (If nonresident, give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX <i>Male</i>	4. COLOR OR RACE <i>colored</i>	5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) <i>Married</i>
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF <i>Cora Young</i>		
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) <i>July 31, 1904</i>		
7. AGE YEARS <i>30</i>	MONTHS <i>11</i>	DAYS <i>23</i>

OCCUPATION	8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. <i>porter</i>
	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) *emargo*
(STATE OR COUNTRY) *Mississippi*

MOTHER FATHER
13. NAME *Samuel Young*

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

15. MAIDEN NAME *Unknown*

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

17. INFORMANT *Cora Young*
(ADDRESS) *326 South Compton*

18. BURIAL, CREMATION, OR REMOVAL
PLACE *Washington Park Cem.* DATE *July 14, 1935*

19. UNDERTAKER *Archer Undertaking Co.*
(ADDRESS) *1027 N. Webster*

20. FILED *10* 1935 *19* *J. Bredeck*
Registrar.

NO MEDICAL CERTIFICATE OF DEATH
IN ATTENDANCE

21. DATE OF DEATH (MONTH, DAY, AND YEAR) *July 8th 1935*

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 *9:15 A.M.*

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

Haemorrhage of brain, (non traumatic) Chronic Myocarditis, Arterio sclerosis, Acute gastritis (Cause unknown)

Date of onset

Other contributory causes of importance:

930

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?..... 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*

(Address) *St. Louis, Mo.*

J. Bredeck
Deputy Coroner

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