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

AUG 25 1936

Do not use this space.

27839

1. PLACE OF DEATH
County St. Louis
Township St Ferdinand
City Jennings, Mo. (No. 8327 College Avenue St. Ward)
Registration District No. 784
Primary Registration District No. 6030
File No.
Registered No. 136

2. FULL NAME August Young
(a) Residence, No. 8327 College Ave, Jennings, Mo. 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: Male
4. COLOR OR RACE: White
5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word): Widower
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF: Emily Young (Van Voorn)
6. DATE OF BIRTH (MONTH, DAY, AND YEAR): Dec. 23, 1854
7. AGE: YEARS 81 | MONTHS 6 | DAYS 19 | If LESS than 1 day, ...hrs. or ....min.

OCCUPATION
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.: Gateman
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.: Bellefontaine Cemetery
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): Holland

FATHER
13. NAME: Frank Young
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): Holland

MOTHER
15. MAIDEN NAME: Not Known
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): Holland

17. INFORMANT (ADDRESS): Edward Young 8327 College Avenue, Jennings, Mo.
18. BURIAL, CREMATION, OR REMOVAL
PLACE: Calvary DATE: July 15, 1936
19. UNDERTAKER (ADDRESS): Math. Hermann & Son 2161 East Fair Avenue
20. FILED July 14th 1936 W. A. Zeitler Registrar. Per C. Smith

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR): July 12, 1936
22. I HEREBY CERTIFY, That I attended deceased from Mar 25, 1935, to July 12, 1936
I last saw him alive on July 11, 1936. Death is said to have occurred on the date stated above, at 6:25 P. M. m.
The principal cause of death and related causes of importance were as follows:
Chronic myocarditis
Date of onset
Other contributory causes of importance: Gastro Enteritis
Name of operation none Date of
What test confirmed diagnosis? Symptom Was there an autopsy? no
23. If death was due to external causes (violence), fill in also the following:
Accident, suicide, or homicide? no Date of injury none 19
Where did injury occur? none (Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place. no
Manner of injury none
Nature of injury none
24. Was disease or injury in any way related to occupation of deceased?
If so, specify no
(Signed) Dr. M. F. Hermann M. D.
(Address) 2743 N Grand