

NOV 4 1936 MISSOURI STATE BOARD OF HEALTH
BUREAU OF VITAL STATISTICS
CERTIFICATE OF DEATH

Do not use this space.

39534

1. PLACE OF DEATH

County.....
Township.....
City ST. Louis (No. 5)

Registration District No. 791
Primary Registration District No. 1003
614 Chouteau Ave

File No.....
Registered No. 10572
St. Ward)

2. FULL NAME Annie Young

(a) Residence, No. 614 Chouteau St., 22 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

MEDICAL CERTIFICATE OF DEATH

3. SEX Female 4. COLOR OR RACE White 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) Married

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Oct 21st, 1936

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

22. HEREBY CERTIFY, That I attended deceased from July-1, 1936, to Oct 21, 1936

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) August 16 1865

I last saw her alive on Oct 18, 1936 Death is said to have occurred on the date stated above, at 4:30 P.M.

7. AGE YEARS 71 MONTHS 2 DAYS 5 If LESS than 1 day,hrs. ormin.

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

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

myocarditis (chronic) Date of onset

12. BIRTHPLACE (CITY OR TOWN) Missouri (STATE OR COUNTRY)

Other contributory causes of importance:

13. NAME Monroe Lewis

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

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

What test confirmed diagnosis?..... Was there an autopsy? no

15. MAIDEN NAME Harriot Daniels

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.

16. BIRTHPLACE (CITY OR TOWN) Missouri (STATE OR COUNTRY)

Manner of injury.....
Nature of injury.....

17. INFORMANT Julia Huxley (ADDRESS) 614 Chouteau Ave

18. BURIAL, CREMATION, OR REMOVAL PLACE ST Matthew Cem DATE Oct 22 1936

24. Was disease or injury in any way related to occupation of deceased? no

19. UNDERTAKER B. W. M^r Faughlin (ADDRESS) 2301

If so, specify..... (Signed) J. M. Harvey, M. D. (Address) 2025 S. Jefferson

20. FILED Oct 21 1936 Registrar.

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.

