

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

Do not use this space.

JAN 10 1937

791

46320

1. PLACE OF DEATH

County.....

Township.....

City St. Louis, Mo. (No.)

Registration District No.
CITY HOSPITAL NO. 2003
Primary Registration District No.
CITY HOSPITAL NO. 2

File No.

Registered No. 12106

St. Ward)

2. FULL NAME Hannah Younge

(a) Residence, No. 4425 Cottage St. 1/1 Ward.

(Usual place of abode)

(If nonresident, give city or town and State)

Length of residence in city or town where death occurred 28 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

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

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) About 1858

7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min.
About 78

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

13. NAME Robt. Muldrow

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

15. MAIDEN NAME Lucy (unknown)

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

17. INFORMANT Ruby Perdeau (ADDRESS) 2945 Lawton Ave.

18. BURIAL, CREMATION, OR REMOVAL PLACE WASHINGTON PK DATE DEC. 10, 1936

19. UNDERTAKER R.M.C. GREEN (ADDRESS) 3517 LA CLE DE AVE

20. FILED DEC 9 1936 J T Bradeck Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Dec. 3, 1936

22. I HEREBY CERTIFY, That I attended deceased from 11-30-, 1936 to 12-3-, 1936

I last saw her alive on 12-3-, 1936 Death is said to have occurred on the date stated above, at 1:25 p. M.

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

Chr. Nephritis

Date of onset 11-30-36

Other contributory causes of importance: Uremia

Name of operation Date of
What test confirmed diagnosis? Clinical Was there an autopsy? No

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) A. L. Lewis, M. D.
(Address) 2945 Lawton Ave.

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.

SEP 25 1948