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

Do not use this space.

FEB 8 1937

791

1003

File No. 3296

Registered No. 324

1. PLACE OF DEATH

96 County

Township

City St. Louis (No. City Hospital No.1 St. Ward)

B. 14312

2. FULL NAME Marshall Young

(a) Residence, No. 3058 Bayard St., 6 Ward. 1
(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	4. COLOR OR RACE	5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (*write* the word)
male	white	single

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Dec 23, 1885

7. AGE YEARS	MONTHS	DAYS	If LESS than 1 day, ...hrs. or ....min.
51	✓	15	

OCCUPATION

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) Arkansas 2

FATHER

13. NAME Unknown

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Unknown 21

MOTHER

15. MAIDEN NAME Unknown

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Unknown 21

17. INFORMANT (ADDRESS) Hosp. Info. M.H.Kent City Hospital No.1

18. BURIAL, CREMATION, OR REMOVAL

PLACE Memorial Park DATE Jan 9 1937

19. UNDERTAKER (ADDRESS) Mullen Bros 4259 Lindell Blvd

20. FILED JAN 8 1937 19 J F Bredeck Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) 1/7/37, 19

22. I HEREBY CERTIFY, That I attended deceased from 1/3/37, 19, to 1/7/37, 19

I last saw him alive on 1/7/37, 19 Death is said to have occurred on the date stated above, at 6.10p m.

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

Lobar pneumonia (Date of onset)

108

Other contributory causes of importance:

Name of operation Date of

What test confirmed diagnosis? Was there an autopsy? Dio

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 of injury in any way related to occupation of deceased?

If so, specify

(Signed) Geo J Seibold M. D.

(Address) City Hospital No.1

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.

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