

MAR 5 - 1937

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

Do not use this space.

1. PLACE OF DEATH

County.....

Registration District No. **791**File No. **8097**Township **St. Louis,**Primary Registration District No. **1003**Registered No. **1535**City **B. 13501** (No. **1003**)

St. Ward)

2. FULL NAME

Baby Young(a) Residence, No. **3713 a LaSalle St.,**
(Usual place of abode)**18** Ward.

(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

und

4. COLOR OR RACE

white5. SINGLE, MARRIED, WIDOWED, OR
DIVORCED (write the word)**single**5A. IF MARRIED, WIDOWED, OR DIVORCED
HUSBAND OF
(OR) WIFE OF

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

Dec 17, 1936

7. AGE

YEARS

MONTHS

DAYS

IF LESS than 1
day, hrs.
or min.**stillborn**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)**St. Louis, Missouri**

13. NAME

Harry Young14. BIRTHPLACE (CITY OR TOWN)
(STATE OR COUNTRY)**Missouri**

15. MAIDEN NAME

Sylvia Baker16. BIRTHPLACE (CITY OR TOWN)
(STATE OR COUNTRY)**Missouri**

17. INFORMANT

(ADDRESS)

Hosp. Info. W.H. Kent**City Hospital No. 1**

18. BURIAL, CREMATION, OR REMOVAL

PLACE

DATE **1-29-37**, 19

19. UNDERTAKER

(ADDRESS)

20. FILE **FEB 3 - 1937**

Registrar.

MEDICAL CERTIFICATE OF DEATH

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

12/17/36, 19

22. I HEREBY CERTIFY, That I attended deceased from

12/17/36**12/17/36**

, 19

to

, 19

I last saw h. ? alive on **12/17/36**, 19

Death is said

to have occurred on the date stated above, at **1.05p**

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

*Raw lung
fracture*

Date of onset

Other contributory causes of importance:

Name of operation

Date of

What test confirmed diagnosis?

Was there an autopsy?

23. If death was due to external causes (violence), fill in also the following:

Accident, suicide, or homicide? Date of injury

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)

(Address)

City Hospital No. 1

S.M. D.

