

APR 9 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

Township.....

Primary Registration District No. 1003

City

St. Louis Mo

(No. 2705 Lemp Ave)

File No. 10599

Registered No. 3173

St.

Ward)

2. FULL NAME

Thomas Eugene Young

(a) Residence, No. 2705 Lemp Ave.

St. 23

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

Male

4. COLOR OR RACE

White

5. 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)

March 12 1937

7. AGE

YEARS

MONTHS

DAYS

If LESS than 1 day, hrs. or min.

10

OCCUPATION

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

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 Mo.

MOTHER / FATHER

13. NAME William C. Young

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

Missouri

15. MAIDEN NAME Myrtle Young

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

St. Louis Mo.

17. INFORMANT William C. Young (ADDRESS)

18. BURIAL, CREMATION, OR REMOVAL

PLACE St. Matthews

DATE Mar. 23, 1937

19. UNDERTAKER

M. J. Schultz

(ADDRESS)

1819 Sidney St

20. FILED

MAR 23 1937

J. Bredeck Registrar.

MEDICAL CERTIFICATE OF DEATH

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

3/22, 1937

22. I HEREBY CERTIFY, That I attended deceased from

, 19....., to....., 19.....

I last saw h..... alive on....., 19..... Death is said

to have occurred on the date stated above, at 2:45 A.M.

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

Date of onset

Premature Birth
Transition

Other contributory causes of importance:

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

What test confirmed diagnosis?..... 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) Alfred J. Perry, M.D.

(Address) Republic corner

