

MISSOURI STATE BOARD OF HEALTH

BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

29324
Do not use this space.

1. PLACE OF DEATH **SEP 10 1937**
 (a) County **St. Louis** Registration District No. **791**
 (b) Township **St. Louis** Primary Registration District No. **1003** Registered No. **7957**
 (c) City **St. Louis** (d) Street No. **City Hospital No. 1** St.
 (If death occurred in Hospital or Institution, write its name instead of street and number)
 (e) Length of residence in city or town where death occurred yrs. mos. ds. (f) How long in U. S., if of foreign birth? yrs. mos. ds.
6553
 2. PRINT FULL NAME **Baby Young**
 (a) Residence, No. **4 219 A North 19th St.** **9** (If nonresident, give city or town and State)
 (Usual place of abode, if no street address, write county or city)

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) **August 10, 1937**
 7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min.
0 0 14
 OCCUPATION 8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc.
 9. Industry or business in which work was done, as saw mill, bank, etc. **mil**
 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**
 FATHER 13. NAME **Marvin Young**
 14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) **Kentucky**
 MOTHER 15. MAIDEN NAME **Glenn Null**
 16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) **Illinois**
 17. INFORMANT **Hosp Info M. Kent** (ADDRESS)
 18. BURIAL, CREMATION, OR REMOVAL PLACE **St. Elizabeths** DATE **Aug 25** 19**37**
 19. FUNERAL DIRECTOR (ADDRESS) **1936 St. Louis, Mo.**
 20. FILED **AUG 24 1937** **Bredick** Local Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) **8/24/37** 19**37**
 22. I HEREBY CERTIFY, That I attended deceased from **8/10/37** 19**37** to **8/24/37** 19**37**.
 I last saw **him** alive on **8/24/37** 19**37**. Death is said to have occurred on the date stated above, at **4.15 a**.
 The principal cause of death and related causes of importance were as follows:
New born (Prematurity) 1937
159
 Other contributory causes of importance:
Chills, Pnea, 1937
Diarrhea 1937
 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**37**
 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 **1**
 24. Was disease or injury in any way related to occupation of deceased?
 If so, specify _____
 (Signed) **J. W. Burnett** _____, 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.

50M-20-37 I X12004

STATEMENT BY LICENSED EMBALMER

I, Licensed Embalmer No.
hereby certify that the body recorded on the reverse side of this certificate was embalmed by
..... L. E.
No. or by Registered Apprentice No.
working under my personal supervision.

Body not Embalmed.

Signed
Licensed Embalmer No.

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license.)