

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

31885

Do not use this space.

SEP 25 1937

**1. PLACE OF DEATH**

(a) County St. Louis Registration District No. 1160  
 (b) Township \_\_\_\_\_ Primary Registration District No. 4470 Registered No. 88  
 (c) City University City, Mo. (d) Street No. 7114 Princeton 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.

**2. PRINT FULL NAME** John P. Young

(a) Residence, No. 7114 Princeton St.  (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) Married

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Sept. 15, 1859

7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min.  
77 11 13

8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc. Retired Car Inspector  
 9. Industry or business in which work was done, as saw mill, bank, etc. Mo. Pacific R.R.  
 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) Scotland

FATHER 13. NAME David Young

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

MOTHER 15. MAIDEN NAME Not known

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Not known

17. INFORMANT Ruth J. Young (ADDRESS) 7114 Princeton

18. BURIAL, CREMATION, OR REMOVAL PLACE Bellefontaine DATE Aug. 31 1937

19. FUNERAL DIRECTOR H. Snow Liv. & Insp. Co. (ADDRESS) 2707 N. Grand Blvd

20. FILED Aug 31 1937 Lea V. Moeller Local Registrar.

**MEDICAL CERTIFICATE OF DEATH**

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Aug 28 1937

22. I HEREBY CERTIFY, That I attended deceased from Aug. 24 1937 to Aug. 28 1937  
 I last saw in alive on Aug 28 1937 Death is said to have occurred on the date stated above, at 10:25 P.M.

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

Dysentery (amoebic) Date of onset Aug 24  
Central Hemorrhage Left side. Aug 25

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 \_\_\_\_\_, 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? No.  
 If so, specify \_\_\_\_\_ (Signed) Norman L. Wittner M. D.  
 (Address) 2728 N. 11 St

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.

**STATEMENT BY LICENSED EMBALMER**

I, Elton R. H. Remelius, Licensed Embalmer No. 3154

hereby certify that the body recorded on the reverse side of this certificate was embalmed by ME

L. E.

No. \_\_\_\_\_ or by \_\_\_\_\_, Registered Apprentice No. \_\_\_\_\_

working under my personal supervision.

Signed

*Elton R. H. Remelius*

Licensed Embalmer No. 3154

**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.)**