

DEC 13 1937

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

39682

Do not use this space.

1. PLACE OF DEATH Homer G Phillips Hospital

(a) County..... Registration District No. 791/1003  
(b) Township..... Primary Registration District No. 1003  
(c) City St. Louis (d) Street No. 2601 N Whittier Registered No. 10669  
(e) Length of residence in city or town where death occurred 18 yrs. mos. ds. (f) How long in U. S., if of foreign birth? yrs. mos. ds.

2. PRINT FULL NAME Alma Young

(a) Residence, No. 2706 A Franklin St. 21 (Usual place of abode, if no street address, write county or city) (If nonresident, give city or town and State)

## PERSONAL AND STATISTICAL PARTICULARS

3. SEX F	4. COLOR OR RACE Col.	5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) Widowed
5A. UNMARRIED, WIDOWED, OR DIVORCED HUSBAND OR (OR) WIFE OF Unavailable-Young		
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Feb. 15, 1901		
7. AGE 30	YEARS 36	MONTHS 8
	DAYS 29	If LESS than 1 day, ..... hrs. or ..... min.
8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc. Housework		
9. Industry or business in which work was done, as saw mill, bank, etc.		
10. Date deceased last worked at this occupation (month and year) October, 1937		
11. Total time (years) spent in this occupation.....		
12. BIRTHPLACE (CITY OR TOWN) Canton, Miss. (STATE OR COUNTRY) Mississippi		
13. NAME Dan Williams		
14. BIRTHPLACE (CITY OR TOWN) Louisville, Miss. (STATE OR COUNTRY) Mississippi		
15. MAIDEN NAME Hattie McDonald		
16. BIRTHPLACE (CITY OR TOWN) Louisville, Miss. (STATE OR COUNTRY) Mississippi		
17. INFORMANT (ADDRESS) Orlophus Astleford 2601 N Whittier		
18. BURIAL, CREMATION, OR REMOVAL PLACE Father Dickson DATE Nov. 19, 1937		
19. FUNERAL DIRECTOR (ADDRESS) 2706 A Franklin St. St. Louis Collis Funeral Home		
20. FILED NOV 18 1937 J. Bredeck Local Registrar.		

## MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Nov. 14, 1937	Date of onset
22. I HEREBY CERTIFY, That I attended deceased from Oct. 14, 1937, to Nov. 14, 1937	10/14/37
I last saw h. or alive on Nov. 14, 1937	37
Death is said to have occurred on the date stated above, at 3:02 m. a.m.	
The principal cause of death and related causes of importance were as follows: Old Ischio-rectal abscess with Incision and drainage Cause of abscess unknown Suppurative nephritis, result of abscess drainage	
Other contributory causes of importance: Incision & Drainage	
Name of operation Incision & Drainage Date of 10-14-37	
What test confirmed diagnosis Clinical Was there an autopsy? YES	
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) J. M. Stalter, M. D. (Address) 2601 N Whittier	

(Licensed Embalmer's Statement on Reverse Side)

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, James A. Johnson, Licensed Embalmer No. 3522

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

..... L. E. ....

No. .... or by ..... Registered Apprentice No. ....  
working under my personal supervision.

Signed James A. Johnson  
Licensed Embalmer No. 3522

**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.)**