JAN 10 1938

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

43032
Do not use this space.

1. PLACE OF DEATH

(a) County ..... Registration District No. 791

(b) Township ..... Primary Registration District No. 1003 Registered No. 11282

(c) City ST. LOUIS (d) Street No. City Hospital #2. 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 Thomas Young

(a) Residence, No. 1430 Biddle ST. St. 25
(Usual place of abode, if no street address, write county or city) (If nonresident, give city or town and State)

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.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: MALE
4. COLOR OR RACE: COL
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) Nov 23, 1911

7. AGE: YEARS 26 | MONTHS | DAYS 12 | If LESS than 1 day, ...hrs. or ....min.

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. LABOR
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) Miss

FATHER
13. NAME Wiley Young
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Miss

MOTHER
15. MAIDEN NAME Rose Ewan
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Miss

17. INFORMANT Willie Young
(ADDRESS) 1430 Biddle St

18. BURIAL, CREMATION, OR REMOVAL
PLACE Washington Park DATE Dec 9, 1937

19. FUNERAL DIRECTOR Mr. F. H. Green
(ADDRESS) 2416 Franklin Avenue

20. FILED DEC 7 1937 J. J. Bredeck
Local Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) December 5th, 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 1:45A.M.

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

Traumatic hemorrhage left side of neck, penetrating stab wound left side of neck severing internal carotoid, suffered when stabbed with weapon in the hands of one known as Willie Curtis, about 1:30A.M. Dec. 5th, 1937 at corner of 16th and Franklin Avenue. Homicide.

Date of onset

Other contributory causes of importance:

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

What test confirmed diagnosis? ..... Was there an autopsy? yes

23. If death was due to external causes (violence), fill in also the following:
Accident, suicide, or homicide? Homicide Date of injury 12/5/, 1937
Where did injury occur? St. Louis, Mo.
(Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place.
Public place.
Manner of injury see above
Nature of injury see above.

24. Was disease or injury in any way related to occupation of deceased? no.
If so, specify .....

(Signed) Joseph M. Burns, M. D.
(Address) Deputy Coroner

(Licensed Embalmer's Statement on Reverse Side)

STATEMENT BY LICENSED EMBALMER

I, Fred A. Green, Licensed Embalmer No. 2963,

hereby certify that the body recorded on the reverse side of this certificate was embalmed by Fred A. Green

L. E.

No. ..... or by ....., Registered Apprentice No. .....

working under my personal supervision.

Signed Fred A. Green

Licensed Embalmer No. 2963

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.)