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

1261
Do not use this space.

1. PLACE OF DEATH FEB 12 1938
(a) County City Hospital No. One Registration District No. 791
(b) Township ..... Primary Registration District No. 1003 Registered No. 1117
(c) City St.Louis Mo. (d) Street No. ..... 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 67 yrs. mos. 9 ds. 24 (f) How long in U. S., if of foreign birth? yrs. mos. ds.

2. PRINT FULL NAME Frank P.W. Young 520
(a) Residence, No. 1205 North Spring Ave., St.Louis Mo. 11
(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 Male
4. COLOR OR RACE White
5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) Married

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF ~~XXXXXXXX~~ Anna Belle Young

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) April 4 1870

7. AGE 67 YEARS MONTHS 9 DAYS 24 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. Contractor
10. Date deceased last worked at this occupation (month and year) .....
11. Total time (years) spent in this occupation 52yrs

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) St.Louis Missouri 0

FATHER
13. NAME Frank Young 4
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) England 4

MOTHER
15. MAIDEN NAME Jane
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Unknown England

17. INFORMANT (ADDRESS) Mrs. Anna Belle Young 1205 North Spring St.Louis Mo

18. BURIAL, CREMATION, OR REMOVAL
PLACE St.Mathew's Cemetery DATE Jan 31st 1938

19. FUNERAL DIRECTOR (ADDRESS) JOHN A BARRETT 2819 N UNION BLVD

20. FILED JAN 31 1938 J F Bredeck Local Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Jan 28 1938

22. I HEREBY CERTIFY, That I attended deceased from Jan 26, 1938, to Jan 27, 1938
I last saw him alive on Jan 27, 1938. Death is said to have occurred on the date stated above, at 1:30 p.m.
The principal cause of death and related causes of importance were as follows:

Pneumonia (Bronco) — Date of onset Jan 24

Other contributory causes of importance: Asthma

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? No
If so, specify .....
(Signed) C S O'Connor, M. D.
(Address) 1316 Ann Grand ave

(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.

I X12004

STATEMENT BY LICENSED EMBALMER

I, James G Sullivan, Licensed Embalmer No. 1122

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 J. G. Sullivan

Licensed Embalmer No. 1122

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.)