

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.

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

19476
 Do not use this space.

REC'D JUN 7 1938

1. PLACE OF DEATH

(a) County St. Louis Registration District No. 784

(b) Township _____ Primary Registration District No. 200 Registered No. 794

(c) City Jennings, Missouri (d) Street No. 2526 Ada Avenue 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 James R. Young 520

(a) Residence, No. 2526 Ada Avenue 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 Martha Young

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) July 28, 1863

7. AGE	YEARS	MONTHS	DAYS	If LESS than 1 day, hrs. or min.
	74	9	1	

8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc. Moulder

9. Industry or business in which work was done, as saw mill, bank, etc. Fulton Iron Co.

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) Indiana

FATHER 13. NAME Charles Young

FATHER 14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Germany

MOTHER 15. MAIDEN NAME Unknown

MOTHER 16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Germany

17. INFORMANT Mrs. Martha Young
 (ADDRESS) 2526 Ada Ave., Jennings, Mo.

18. BURIAL, CREMATION, OR REMOVAL PLACE Valhalla Crematory May 2, 1938

19. FUNERAL DIRECTOR Math Hermann & Son
 (ADDRESS) 2161 East Fair Avenue

20. FILED 5-3 19 38 J.R. Meyer M.D. Dist. 2
 Local Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) April 29, 1938

22. I HEREBY CERTIFY, That I attended deceased from 4/22/38, 1938, to 4/29/38, 1938.
 I last saw him alive on 4/29/38, 1938. Death is said to have occurred on the date stated above, at 6:30 P. M.
 The principal cause of death and related causes of importance were as follows:

Ch. myocarditis

Date of onset 1937

Other contributory causes of importance: none

Name of operation none 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? no 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 none
 Nature of injury _____

24. Was disease or injury in any way related to occupation of deceased? no
 If so, specify _____
 (Signed) J. J. Allen M. D.
2815 W. Florissant (Address)

STATEMENT BY LICENSED EMBALMER

I, Leonard Hampton, Licensed Embalmer No. 2967

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

..... L. E.

No. or by Registered Apprentice No.

working under my personal supervision.

Signed Leonard Hampton

Licensed Embalmer No. 2967

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.)