

1939 APR 12 1938

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

Do not use this space.

791

8192

1. PLACE OF DEATH

County St. Louis

Registration District No. 1003

File No. 1957

Township St. Louis

Primary Registration District No. St. Lukes Hospital

Registered No. 1957

City St. Louis

(No. St. Lukes Hospital)

St. Ward

2. FULL NAME

Paul Marie Young

(a) Residence, No. 406 Washington St. NR Cape Girardeau Mo. (If nonresident, give city or town and State)

Length of residence in city or town where death occurred yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

MEDICAL CERTIFICATE OF DEATH

3. SEX Female 4. COLOR OR RACE White 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) Married

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Feb. 28, 1939

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

22. I HEREBY CERTIFY, That I attended deceased from Feb. 17, 1939 to Feb. 28, 1939

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Aug 3 - 1902

I last saw h. e. v. alive on Feb. 28, 1939. Death is said to have occurred on the date stated above, at 7:40 a.m.

7. AGE YEARS 36 MONTHS 6 DAYS 25 If LESS than 1 day, hrs. or min.

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

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

Bronchopneumonia

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

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

Other contributory causes of importance: 107 a

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Cape Girardeau Mo

Bronchiectasis
Asthma
Fibroid Uterus Non Malignant

13. NAME Paul P. Adams

Name of operation Radium Implantation Date of Feb. 28, 1939

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Cape Girardeau Mo

What test confirmed diagnosis? Was there an autopsy? no

15. MAIDEN NAME Emma Wilson

23. If death was due to external causes (violence), fill in also the following: Accident, suicide, or homicide? Date of injury , 19

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Cape Girardeau Mo

Where did injury occur? (Specify city or town, county, and State)

17. INFORMANT (ADDRESS) Roy Young Cape Girardeau Mo.

Specify whether injury occurred in industry, in home, or in public place.

18. BURIAL, CREMATION, OR REMOVAL PLACE Cape Girardeau DATE Mar 2, 1939

Manner of injury

19. UNDERTAKER (ADDRESS) Walters Funeral Home Cape Girardeau Mo.

Nature of injury

20. FILED 3/1/39 J. B. Bredek Registrar.

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

If so, specify

(Signed) J. Russell Vaughan, M. D.

(Address) St. Lukes Hospital

CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important.

Embroidery
Certificate

John