

REC'D APR 12 1939

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

8699
Do not use this space.

791
1003

2464

1. PLACE OF DEATH

(a) County..... 3 Registration District No.....
 (b) Township..... Primary Registration District No.....
 (c) City..... St. Louis 1 (d) Street No..... Athletic Field Forest Park Registered No.....
 (e) Length of residence in city or town where death occurred 2 yrs. mos. ds. (f) How long in U.S., if of foreign birth? yrs. mos. ds.
 (If death occurred in Hospital or Institution, write its name instead of street and number)

2. PRINT FULL NAME 526 James Monroe Young

(a) Residence, No. 2734 Stoddard St. 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 M 4. COLOR OR RACE C 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) Married

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Jan 2, 1887

7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min.
52 2 6

OCCUPATION

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

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

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) Mississippi

FATHER

13. NAME Virgil Young

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Mississippi

MOTHER

15. MAIDEN NAME Louise Williams

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Mississippi

17. INFORMANT (ADDRESS) Della Williams Young
2734 Stoddard St.

18. BURIAL, CREMATION, OR REMOVAL PLACE E. St. Louis, Ill. DATE 3/15 1939

19. FUNERAL DIRECTOR (ADDRESS) R. M. C. Green
3517 Laclede Ave.

20. FILED MAR 15 1939

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) 3/8/39 1939

22. I HEREBY CERTIFY, That I attended deceased from _____, 19____, to _____, 19____.

I last saw him alive on _____, 19____. 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:

Chronic Myocarditis
Diffuse Arterial Sclerosis

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? _____ 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) J. M. Green (Address) Deputy Coroner

(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, _____, Licensed Embalmer No. 1173

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

L. E.

No. _____ or by _____ Registered Apprentice No. _____

working under my personal supervision.

Signed



Licensed Embalmer No. 1173

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.)