

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.

RECORDED 1939  
BUREAU OF THE CENSUS  
1939  
Registration District No. 701

Primary Registration District No. 1003

1. PLACE OF DEATH: 1003  
(a) County 2  
(b) City or town St. Louis, Mo  
(If outside city or town limits, write "RURAL" and name of township)  
(c) Name of hospital or institution: 2313<sup>a</sup> Walnut  
(If not in hospital or institution, write street number or location)  
(d) Length of stay: In hospital or institution \_\_\_\_\_  
(Specify whether \_\_\_\_\_)  
In this community \_\_\_\_\_  
years, months or days \_\_\_\_\_

3. (a) PRINT FULL NAME Bentley Young 520  
(b) If veteran, name war No  
(c) Social Security No. None

4. Sex M 5. Color or race Negro  
6. (a) Single, widowed, married, divorced Married  
6. (b) Name of husband or wife Peola Young  
6. (c) Age of husband or wife if alive 48 years  
7. Birth date of deceased June 1, 1887  
(Month) (Day) (Year)

8. AGE: Years 52 Months \_\_\_\_\_ Days 29 If less than one day \_\_\_\_\_  
hr. \_\_\_\_\_ min. \_\_\_\_\_

9. Birthplace Unknown Tenn  
(City, town, or county) (State or foreign country)

10. Usual occupation Laborer

11. Industry or business \_\_\_\_\_  
MOTHER FATHER { 12. Name Ammon Young  
18. Birthplace Tenn  
(City, town, or county) (State or foreign country)  
14. Maiden name Eliza Bree  
15. Birthplace Tenn  
(City, town, or county) (State or foreign country)

16. (a) Informant's own signature Peola Young  
(b) Address 2313<sup>a</sup> Walnut St.

17. (a) Removal (b) Date thereof 7/4 1939  
(Burial, cremation, or removal) (Month) (Day) (Year)  
(c) Place: burial or cremation University, Tenn

18. (a) Signature of funeral director English Funeral Co.  
(b) Address 2931 Judas Ave.

19. JUL 4 1939 (Date received local registrar)  
(b) J. F. Breck (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED: 1  
(a) State Mo. (b) County \_\_\_\_\_  
(c) City or town St. Louis [22]  
(If outside city or town limits, write "RURAL")  
(d) Street No. 2313<sup>a</sup> Walnut  
(If rural, give location)  
(e) If foreign born, how long in U. S. A.? \_\_\_\_\_ years.

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month June day 30  
year 1939 hour 10<sup>00</sup> minute 20 M.  
21. I hereby certify that I attended the deceased from May 11<sup>th</sup>, 1939, to June 30, 1939  
that I last saw him alive on June 29, 1939  
and that death occurred on the date and hour stated above.  
Immediate cause of death Pulmonary Tuberculosis Duration 9 mo.

Due to Tuberculosis

Due to \_\_\_\_\_  
Other conditions \_\_\_\_\_  
(Include pregnancy within 3 months of death)

Major findings: \_\_\_\_\_  
Of operations \_\_\_\_\_  
Of autopsy \_\_\_\_\_  
PHYSICIAN \_\_\_\_\_  
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:  
(a) Accident, suicide, or homicide (specify) \_\_\_\_\_  
(b) Date of occurrence \_\_\_\_\_  
(c) Where did injury occur? \_\_\_\_\_ (City or town) (County) (State)  
(d) Did injury occur in or about home, on farm, in industrial place, in public place? \_\_\_\_\_

While at work? \_\_\_\_\_ (Specify type of place) (e) Means of injury \_\_\_\_\_

28. Signature J. F. Breck (M. D. or other) \_\_\_\_\_  
Address 2015 Jefferson Date signed 7/4/39

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me, or by.....

Louis V. Atkins....., Registered Apprentice No.....  
working under my personal supervision.

Signed Louis V. Atkins

Licensed Embalmer No. 2842

P. O. Address. 3644 Finer

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.)

If this body is not embalmed, above space should be left blank.