

9 1939
CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important.
N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state

MISSOURI STATE BOARD OF HEALTH
STANDARD CERTIFICATE OF DEATH

State File No. 33587

Registration District No. 16

Primary Registration District No. 200

Registrar's No. 1663

1. PLACE OF DEATH: 3

(a) County Saint Louis

(b) City or town Jefferson Barracks
(If outside city or town limits, write "RURAL" and name of township)

(c) Name of hospital or institution:
Veterans Administration Facility
(If not in hospital or institution, write street number of location)

(d) Length of stay: In hospital or institution Adm: 9-3-39
(Specify whether

In this community Unknown
years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Illinois (b) County -

(c) City or town Quincy
(If outside city or town limits, write "RURAL")

(d) Street No. Soldiers' & Sailors' Home
(If rural, give location)

(e) If foreign born, how long in U. S. A. ? -- years.

3. (a) PRINT FULL NAME Louis YOUNGBLOOD 521

8. (b) If veteran, name war World

8. (c) Social Security No. -

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month September day 18
year 1939 hour 5 minute 30 P. M.

4. Sex Male 5. Color or race White

6. (a) Single, widowed, married, divorced Single

6. (b) Name of husband or wife -- 6. (c) Age of husband or wife if alive -- years

7. Birth date of deceased Aug. 29, 1884
(Month) (Day) (Year)

21. I hereby certify that I attended the deceased from September 3, 1939, to September 18, 1939; that I last saw him alive on September 18, 1939 and that death occurred on the date and hour stated above.

8. AGE:	Years	Months	Days	If less than one day
	<u>55</u>	<u>0</u>	<u>19</u>	hr. min.

Immediate cause of death
Appendicitis, acute, perforated with localized peritonitis.

Duration 8-30-39

9. Birthplace Madison County, Illinois
(City, town, or county) (State or foreign country)

10. Usual occupation Laborer

Due to 12/1

Other conditions --None
(Include pregnancy within 3 months of death)

11. Industry or business -

MOTHER FATHER { 12. Name Jacob Youngblood

{ 13. Birthplace Germany
(City, town, or county) (State or foreign country)

{ 14. Maiden name Elizabeth Smith

{ 15. Birthplace Illinois
(City, town, or county) (State or foreign country)

Major findings:
Of operations Appendectomy with drainage
9-4-39

Of autopsy No autopsy

PHYSICIAN
Underline the cause to which death should be charged statistically

16. (a) Informant's own signature Alton, Ill.

(b) Address Vet. Adm. Fac. Jeff. Bks., Mo.

17. (a) removal (b) Date thereof 9-21-39
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Alton, Ill.

18. (a) Signature of funeral director Albert H. Hoppe Inc.

(b) Address 4700 Washington Blvd.

19. (a) SEP 19 1939 (b) [Signature]
(Date received local registrar) (Registrar's signature)

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 _____

23. Signature [Signature] Off. (M. D. or other) _____
Address VAF Jeff. Bks., Mo. Date signed 9-19-39

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 _____, Registered Apprentice No. _____ working under my personal supervision.

Signed

Albert G. Hoffer

Licensed Embalmer No. *2971*

P. O. Address _____

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply the above constitutes grounds for revocation of license.)

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