

REGD NOV 13 1939 791

Registration District No.

Primary Registration District No.

Registrar's No.

8694

1. PLACE OF DEATH:

(a) County 1
(b) City or town St. Louis
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution:
Homer G. Phillins Hospital
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution 2 days
(Specify whether
In this community Unknown
years, months or days)

3. (a) PRINT FULL NAME William Young 5203. (b) If veteran, name war No 3. (c) Social Security No. No4. Sex M 5. Color or race Negro 6. (a) Single, widowed, married, divorced Widowed6. (b) Name of husband or wife Unknown 6. (c) Age of husband or wife if alive years7. Birth date of deceased Oct. 20, 1879
(Month) (Day) (Year)8. AGE: Years Months Days If less than one day
59 11 19 hr. min.9. Birthplace Miss.
(City, town, or county) (State or foreign country)10. Usual occupation Laborer

11. Industry or business

12. Name Britton Young13. Birthplace W. Va.
(City, town, or county) (State or foreign country)14. Maiden name Polly Cross15. Birthplace Miss.
(City, town, or county) (State or foreign country)16. (a) Informant's own signature Mrs. L. Eskalona(b) Address 2609 S. Ave. Meinhart, Minneapolis17. (a) Father Dickson (b) Date thereof Oct. 12, 1939
(Burial, cremation, or removal) (Month) (Day) (Year)(c) Place: burial or cremation Father Dickson18. (a) Signature of funeral director Funeral Home(b) Address 215 S. Jefferson19. (a) OCT 11 1939 (b) J. P. Bittler
(Date received local registrar) (Signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County 1
(c) City or town St. Louis 22
(If outside city or town limits, write "RURAL")
(d) Street No. 211 S. Jefferson Ave.
(If rural, give location)
(e) If foreign born, how long in U. S. A. years.

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month 10 day 9
year 1939 hour 3:30 minute P. M.21. I hereby certify that I attended the deceased from 10-4-
1939 to 10-6- 1939
that I last saw him alive on 10-6- 1939
and that death occurred on the date and hour stated above.Immediate cause of death Hypertensive Heart Disease Five or Six Yrs.
DurationDue to UnknownDue 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 23. Signature H. J. Lyman (M. D. or other) 1Address 2601 W. Witter Date signed 10-9-39

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 me

Chas. Gammis, Registered Apprentice No. 2349
working under my personal supervision.

Signed Chas. Gammis

Licensed Embalmer No. 2349

P. O. Address _____

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.