

MISSOURI STATE BOARD OF HEALTH  
STANDARD CERTIFICATE OF DEATH  
1003

State File No. **13361**  
Registrar's No. **3563**

MAY 15 1940 791  
Registration District No.

Primary Registration District No.

1. PLACE OF DEATH:

(a) County.....  
(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 Phillips  
(If not in hospital or institution, write street number or location)  
(d) Length of stay: In hospital or institution 12 days  
In this community: Unknown (Specify whether years, months or days)

3. (a) PRINT FULL NAME SHACK YOUNG 520

3. (b) If veteran, name war..... 3. (c) Social Security No.....

4. Sex M. 5. Color or race C. 6. (a) Single, widowed, married, divorced S.

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

7. Birth date of deceased July 15, 1906 (Month) (Day) (Year)

8. AGE: Years 33 Months 8 Days 28 If less than one day hr. min.

9. Birthplace Oakland Miss. (City, town, or county) (State or foreign country)

10. Usual occupation Laborer

MOTHER FATHER

12. Name Thomas Knowler

13. Birthplace Oakland Miss. (City, town, or county) (State or foreign country)

14. Maiden name Addie Mecal

15. Birthplace Oakland Miss. (City, town, or county) (State or foreign country)

16. (a) Informant Anna Washington

(b) Address 2610 Baldwin

17. (a) (Burial, cremation, or removal) (b) Date thereof April 19, 1940 (Month) (Day) (Year)

(c) Place: burial or cremation Washington Park Cem.

18. (a) Signature of funeral director Wright's Funeral Home.

(b) Address 3100 Eastona Ave.

19. (a) APR 19 1940 (Date received local registrar) J. P. [Signature] (Registrar's Signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County.....  
(c) City or town St Louis 21  
(If outside city or town limits, write "RURAL")  
(d) Street No. 2617 a Lawton  
(If rural, give location)  
(e) If foreign born, how long in U. S. A.?..... years.

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month April day 13  
year 1940 hour 4:30 minute A M.

21. I hereby certify that I attended the deceased from April 2, 1940, to April 13, 1940, that I last saw him alive on April 13, 1940, and that death occurred on the date and hour stated above.

Immediate cause of death: Hypertensive Heart Disease Duration 2-3 yrs

Due to.....

Due to.....

Other conditions (Include pregnancy within 3 months of death)

Major findings: Of operations.....

Of autopsy.....

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. [Signature] (M. D. or other)

Address 2601 N Whittier Date signed.....

WRITE PLAINLY—USE UNFADING BLACK INK—MAKE A PERMANENT RECORD

**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 the above constitutes grounds for revocation of license.)**

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