

Registration District No. **791**
Date received local registrar **NOV 16 1940**

Primary Registration District No. **1003**

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

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:
1622 S. Third st.
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution **20** (Specify whether years, months or days) **20 yrs.**

3. (a) PRINT FULL NAME **Seth Young**

3. (b) If veteran, name war **None** 3. (c) Social Security No. **None**

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 **November 30 1904**
(Month) (Day) (Year)

8. AGE: Years Months Days If less than one day
35 10 2 hr. min.

9. Birthplace **Kansas City Missouri**
(City, town, or county) (State or foreign country)

10. Usual occupation **Laborer**

11. Industry or business **Unemployed**

12. Name **Esau Young**

13. Birthplace **Vicksburg Mississippi**
(City, town, or county) (State or foreign country)

14. Maiden name **Rana Smith**

15. Birthplace **Ohio**
(City, town, or county) (State or foreign country)

16. (a) Informant **Esau Young**

(b) Address **1622 S. Third St.**

17. (a) **Burial** (b) Date thereof (Month) (Day) (Year)

(c) Place: burial or cremation **MT. HOPE CEMETERY**

18. (a) Signature of funeral director **C. Hoffmeister, D.C.**

(b) Address **7814 S. Broadway**

19. (a) **OCT 4 1940** (b) **J. F. [Signature]**

(Date received local registrar) (Signature of Registrar)

2. USUAL RESIDENCE OF DECEASED:

(a) State **Missouri** (b) County.....
(c) City or town **St. Louis** **23**
(If outside city or town limits, write "RURAL")
1622 S. Third st.
(d) Street No. (If rural, give location)
(e) If foreign born, how long in U. S. A?..... years

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month **October** day **2**
year **1940** hour **10** minute **20** p. M.

21. I hereby certify that I attended the deceased from **June 1 1938** to **Oct 1 1940**
that I last saw him alive on **Oct - 1 1940**
and that death occurred on the date and hour stated above.

Immediate cause of death **Pulmonary Tuberculosis**

Due to.....

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?

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

23. Signature **Charles Ebers** (M. D. or other) **m.d.**

Address **1201 S. Broadway** Date signed **10/3/40**

2nd 78 Section
Linn County AR

10-12-62
5-7 P.M.

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 Linn C. Hoffmeister

Licensed Embalmer No. 3871

P. O. Address 7814 S. Broad

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.