

Registration District No. **791**

Primary Registration District No. **1003**

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

3. (a) PRINT FULL NAME Angeline Lemons Young
3. (b) If veteran, name war _____ 3. (c) Social Security No. _____

4. Sex Female 5. Color or race Negro 6. (a) Single, widowed, married, divorced Married
6. (b) Name of husband or wife Daniel Young 6. (c) Age of husband or wife if alive 32 years
7. Birth date of deceased 10-3-37 (Month) (Day) (Year)

8. AGE: Years 30 Months 7 Days 6 If less than one day hr. 4 min.

9. Birthplace Poplar Bluff MO. (City, town, or county) (State or foreign country)

10. Usual occupation House Work

11. Industry or business _____

MOTHER FATHER
12. Name Clyde Lemons
13. Birthplace New Madrid MO (City, town, or county) (State or foreign country)
14. Maiden name Mary Brown
15. Birthplace New Madrid MO (City, town, or county) (State or foreign country)

16. (a) Informant's own signature Samuel Sperrin
(b) Address 3578 Penn Ave & Oakwood
17. (a) And removed (b) Date thereof 10-12-40 (Burial, cremation, or removal) (Month) (Day) (Year)
(c) Place: burial or cremation Poplar Bluff
18. (a) Signature of funeral director John M. Goulet
(b) Address 2930 Dickson St
19. (a) OCT 11 1940 (b) J. J. [Signature] (Date received local registrar) (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. 1107 North Channing
(If rural, give location)
(e) If foreign born, how long in U. S. A. _____ years.

MEDICAL CERTIFICATION
20. DATE OF DEATH: Month October day 9 year 1940 hour 3:45 minute _____ A.M.
21. I hereby certify that I attended the deceased from October 3, 1940, to October 9, 1940; that I last saw her alive on October 9, 1940 and that death occurred on the date and hour stated above.

Immediate cause of death Lobar Pneumonia Duration 6 days
Due to _____
Due to _____
Other conditions (Include pregnancy within 8 months of death) _____

PHYSICIAN
Major findings: _____
Of operations _____
Of autopsy As above
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 J. W. Johnson (M. D. or other) _____
Address 2601 N Whittier Date signed 10/10/40

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.

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 C. L. Howell

Licensed Embalmer No. 2452

P. O. Address 2820 Dickson

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.)

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