DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

MISSOURI STATE BOARD OF HEALTH

STANDARD CERTIFICATE OF DEATH

State File No. 39732

Registration District No. 784 — Primary Registration District No. 200 — Registrar's No. 2248

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

FILED DEC 7 1940

1. PLACE OF DEATH:

(a) County St. Louis

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

(c) Name of hospital or institution Robert Koch Hospital (If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution 389 days (Specify whether years, months or days)

In this community /

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) ~~County~~

(c) City or town St. Louis (If outside city or town limits write "RURAL")

(d) Street No. 3135 Laclede (If rural, give location)

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

3. (a) PRINT FULL NAME Young, William

3. (b) If veteran, name war —

3. (c) Social Security No. 492-67-5959

4. Sex M

5. Color or race Negro

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

6. (b) Name of husband or wife Pauline Young

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

7. Birth date of deceased April (Month) 30 (Day), 1902 (Year)

8. AGE: Years 38 | Months 6 | Days 25 | If less than one day ___ hr. ___ min.

9. Birthplace Union City (City, town, or county) Tenn (State or foreign country)

10. Usual occupation Laborer /

11. Industry or business W. P. A. /

FATHER
12. Name Charles Young /
13. Birthplace ? (City, town, or county) Tennessee (State or foreign country)

MOTHER
14. Maiden name Mary Bowdon
15. Birthplace ? (City, town, or county) Tennessee (State or foreign country)

16. (a) Informant Pt. Pauline Young

(b) Address 3135 Laclede Ave

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof Nov 29 1940 (Month) (Day) (Year)

(c) Place: burial or cremation St. Greenwood

18. (a) Signature of funeral director English Und. Co

(b) Address 2931 Lucas Ave

19. (a) NOV 30 1940 (Date received for registration) (b) R. Meyer M.D. Dep. H (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month November day 25 year 1940 hour 6 minute 30 P. M.

21. I hereby certify that I attended the deceased from November 1, 1939, to Nov. 25, 1940 that I last saw him alive on November 25, 1940 and that death occurred on the date and hour stated above.

Immediate cause of death Pulmonary Tuberculosis — Duration Indefinite

Due to

Due to 34

Other conditions Syphilis (Include pregnancy within 3 months of death)

Major findings: Of operations —

Of autopsy Pulmonary TBC, Tracheal & Bronchial TBC

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 R. W. Polk (M. D. ~~or other~~)

Address Koch Mo. Date signed 11/26/40

(Licensed Embalmer's Statement on Reverse Side)

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 Robert H. Powell

Licensed Embalmer No. 3402

P. O. Address 8100 Frankl

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

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