

STANDARD CERTIFICATE OF DEATH

State File No. 29994

791

1003

Registrar's No. 7333

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 25 days
In this community 2 years
(Specify whether years, months or days)

3. (a) PRINT FULL NAME Ernest Young

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

4. Sex Male 5. Color or race Negro 6. (a) Single, widowed, married, divorced Married

6. (b) Name of husband or wife Viola Young 6. (c) Age of husband or wife if alive 41 years

7. Birth date of deceased March 11th, 1897
(Month) (Day) (Year)

8. AGE: Years Months Days If less than one day
44 5 26 hr. min.

9. Birthplace Cedar Bluff / Mississippi
(City, town, or county) (State or foreign country)

10. Usual occupation Tavern Prop.

11. Industry or business

MOTHER FATHER
12. Name John Young
13. Birthplace Tusculooosa / Alabama
(City, town, or county) (State or foreign country)
14. Maiden name Clara McDuffey
15. Birthplace Unavailable
(City, town, or county) (State or foreign country)

16. (a) Informant Sida Young
(b) Address 1416 Biddle St.

17. (a) Burial (b) Date thereof 9-12-1941
(Burial, cremation, or removal) (Month) (Day) (Year)

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

18. (a) Signature of funeral director Charles J. Gatto
(b) Address 4107 Finney Ave.

19. (a) SEP 11 1941 (b) J. Buddek
(Date received and registered) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County 000
(c) City or town St Louis
(If outside city or town limits, write "RURAL")
(d) Street No. 1416 Biddle
(If rural, give location)
(e) If foreign born, how long in U. S. A.? 0 years.

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Sept day 7
year 1941 hour 2:35 minute A.M.

21. I hereby certify that I attended the deceased from August 13, 1941 to Sept 7, 1941
that I last saw him alive on Sept 7, 1941
and that death occurred on the date and hour stated above.

Immediate cause of death Lobar Pneumonia Duration 2 days

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 W. F. A. Ford (M. D. or other) _____
Address 2601 N Whittier Date signed _____

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

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17
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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.....

James A. Johnson

Registered Apprentice No.....

working under my personal supervision.

Signed

Licensed Embalmer No. 3522

P. O. Address 4107 Finney Ave.

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.