

No. 2
13-40
17-39
X23159

Registration District No. 791 Primary Registration District No. 1003

1. PLACE OF DEATH:

(a) County
(b) City or town St. Louis
(c) Name of hospital or institution 1443rd Cleary St. 1
(d) Length of stay: In hospital or institution 1443rd Hoosp #2
In this community years, months or days

2. USUAL RESIDENCE OF DECEASED:

(a) State Mo. (b) County 000
(c) City or town St. Louis 1721
(d) Street No. 1443rd Cleary St.
No Attending Physician years.

3. (a) PRINT FULL NAME Tommie Lee Young

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

4. Sex Male² 5. Color of race Col
6. (a) Single, widowed, married, divorced 0

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

7. Birth date of deceased July 26, 1941
(Month) (Day) (Year)

8. AGE: Years Months Days If less than one day
2 25 hr min.

9. Birthplace St. Louis, Mo.
(City, town, or county) (State or foreign country)

10. Usual occupation

11. Industry or business

MOTHER FATHER { 12. Name Tommie Robinson
13. Birthplace Unit 9
14. Maiden name Mary Young
15. Birthplace St. Louis, Mo.

16. (a) Informant Mary Young
(b) Address 1443rd Cleary St.

17. (a) Burial (b) Date thereof Oct 28, 1941
(Month) (Day) (Year)

(c) Place: burial or cremation Gypsum and Cem.

18. (a) Signature of funeral director W. C. Gordon
(b) Address 2649 Webster Blvd.

19. (a) OCT 28 1941 (b) J. T. Bredek
(City, town, or county) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Oct day 25th
year 1941 hour 6:30 minute 4. M.

21. I hereby certify that I attended the deceased from
that I last saw h. alive on
and that death occurred on the date and hour stated above.

Immediate cause of death
Suffocation Due to Enlarged Thyroid

Due to 64
Other conditions (Include pregnancy within 3 months of death)

Major findings: Of operations 67
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?
(d) Did injury occur in or about home, on farm, in industrial place, in public place?

While at work? Means of injury 13

23. Signature W. J. Perry (M. D. or other)
Address Date signed 10/28/41

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.....

working under my personal supervision.

Myself

....., Registered Apprentice No.....

Signed.....

Henry E. Anderson

Licensed Embalmer No.....

4141

P. O. Address.....

St. Louis, Mo

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, fact should be so stated above.