

DEC 22 1941

MISSOURI STATE BOARD OF HEALTH
STANDARD CERTIFICATE OF DEATH

37033

State File No. _____

Registration District No. 791

Primary Registration District No. 1003

Registrar's No. 9263

1. PLACE OF DEATH:

(a) County _____
(b) City or town St. Louis Mo.
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: St. Mary's Infirmary
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution _____ (Specify whether _____)
In this community _____ years, months or days Life

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. 4029 W Belle
(If rural, give location)
(e) Citizen of foreign country? _____ (Yes or No)
If yes, name country _____

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Nov. day 20
year 41 hour 6:45 minute A. M.

21. I hereby certify that I attended the deceased from 8-17-41
to 11-20-41 1941
that I last saw her alive on 11-20-41
and that death occurred on the date and hour stated above.

Immediate cause of death _____
Due to Cancer of course
& metastases to
spine & kidneys

Other conditions _____
(Include pregnancy within 8 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? _____

While at work? _____ (Specify type of place)
Means of injury _____
23. Signature Lucius S. Davis (M. D. or other) _____
Address 1536 Papin St. Date signed 11-20-41

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

4. Sex Female 5. Color of race Colored
6. (a) Single, widowed, married, divorced M
6. (b) Name of husband or wife Kenneth Young
6. (c) Age of husband or wife if alive _____ years
7. Birth date of deceased _____ (Month) _____ (Day) 1905 (Year)

8. AGE: Years 36 Months _____ Days _____ If less than one day _____ hr. _____ min.

9. Birthplace ST. LOUIS Mo
(City, town, or county) (State or foreign country)

10. Usual occupation None

11. Industry or business _____

MOTHER FATHER { 12. Name Samuel S. Tibbs
13. Birthplace _____ (City, town, or county) Ohio (State or foreign country)
14. Maiden name Marion Pitta
15. Birthplace _____ (City, town, or county) Missouri (State or foreign country)

16. (g) Informant Kenneth Young
(b) Address 4029 West Belle Ave

17. (a) Burial (b) Date thereof 11-24-41
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Waller Park

18. (a) Signature of funeral director Peoples Mort. Co.

(b) Address 3100 Franklin Ave

19. (a) _____ (b) J. F. Medeck
(Date signed) (Registrar's signature)

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

099

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.....

Henry A. Goodin

Licensed Embalmer No. *3050*

P. O. Address *4237 W. Habach*

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.