DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

MISSOURI STATE BOARD OF HEALTH

STANDARD CERTIFICATE OF DEATH

State File No. 37223

Registration District No. DEC 22 1941 791 Primary Registration District No. 1003 Registrar's No. 9453

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: Park Lane Memorial Hospital
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution Hosp - 14 Days
(Specify whether)

In this community
years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Illinois (b) County St. Clair

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

(d) Street No. 711 N. 72nd St.
(If rural, give location)

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

3. (a) PRINT FULL NAME BESSIE CAROLINE YOUNG

3. (b) If veteran, name war No

3. (c) Social Security No. None

4. Sex Female

5. Color or race White

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

6. (b) Name of husband or wife Edward B.

6. (c) Age of husband or wife if alive 40 years

7. Birth date of deceased October 18, 1899
(Month) (Day) (Year)

8. AGE: Years 42 Months 1 Days 9 If less than one day hr. min.

9. Birthplace Creal Springs, Illinois
(City, town, or county) (State or foreign country)

10. Usual occupation Housework

11. Industry or business At Home

FATHER
12. Name Robert Whitlock
13. Birthplace Illinois
(City, town, or county) (State or foreign country)

MOTHER
14. Maiden name Nancy Jane Schafer
15. Birthplace Creal Springs, Illinois
(City, town, or county) (State or foreign country)

16. (a) Informant's own signature Edward Young
(b) Address East St. Louis, Illinois

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof NOV. 29, 1941 (Month) (Day) (Year)
(c) Place: burial or cremation St. Clair Mem. Pk.

18. (a) Signature of funeral director John Massly
(b) Address 1101 N. 9th St., East Louis, Ill

19. (a) NOV 28 1941 (Date received local registrar) (b) J. F. Bredeck (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month November day 27 year 1941 hour 2: minute 45 A.M.

21. I hereby certify that I attended the deceased from Nov. 13, 19 41 to Nov 27, 19 41 that I last saw her alive on Nov 27, 19 41 and that death occurred on the date and hour stated above.

Immediate cause of death Generalized peritonitis due to perforated pus tubes.

Due to as above.

No Cancer or Venereal disease

Due to

Other conditions
(Include pregnancy within 3 months of death)

Major findings:
Of operations

Of autopsy

Duration

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 [illegible] (M. D. or other) M.D.

Address [illegible] Date signed 11-28-41

(Licensed Embalmer's Statement on Reverse Side)

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.....

Licensed Embalmer No.....

P. O. Address.....

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

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