S. No. 2
M—5-42
5-17-39
I X32873

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

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

STATE BOARD OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH

State File No. 8951

Registration District No. APR 9 1943 318

Primary Registration District No. 1003

Registrar's No. 3074

1. PLACE OF DEATH:

(a) County

(b) City or town St. Louis Missouri
(If outside city or town limits, write "RURAL" and name of township)

(c) Name of hospital or institution:
23. So. LEONARD AVE /
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution (Specify whether
In this community 30 YRS
years, months or days)

2. USUAL RESIDENCE OF DECEASED: 000

(a) State Missouri (b) County 17 18

(c) City or town ST. Louis 9
(If outside city or town limits, write "RURAL")

(d) Street No. 23 So Leonard AVE
(If rural, give location)

(e) Citizen of foreign country? (Yes or No)

If yes, name country 0

3. (a) PRINT FULL NAME ANNA YOUNG

3. (b) If veteran, name war

3. (c) Social Security No. NONE

4. Sex FEMALE

5. Color or race 3 NEGRO

6. (a) Single, widowed, married, divorced 2 WIDOW

6. (b) Name of husband or wife

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

7. Birth date of deceased UNKNOWN
(Month) (Day) (Year)

8. AGE: Years abt- 70 | Months | Days | If less than one day hr. min.

9. Birthplace JENNESSEE /
(City, town, or county) (State or foreign country)

10. Usual occupation Domestic

11. Industry or business AT HOME

FATHER
12. Name UNKNOWN
13. Birthplace JENN /
(City, town, or county) (State or foreign country)

MOTHER
14. Maiden name Unknown
15. Birthplace TENN /
(City, town, or county) (State or foreign country)

16. (a) Informant Joseph Young
(b) Address 3962 Cook Ave

17. (a) BURIAL (Burial, ~~cremation, or removal~~) (b) Date thereof 3-31.43
(Month) (Day) (Year)
(c) Place: burial or cremation WASHINGTON Park

18. (a) Signature of funeral director ATKINS BROS
(b) Address 3644 FINNEY AVE

19. (a) MAR 31 1943 (Date received local registrar) (b) J. F. Bredeck (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month 3 day 26
year 43 hour 11 minute A. M.

21. I hereby certify that I attended the deceased from Jan 1942 to Mar. 1943
that I last saw her alive on 3/26 1943
and that death occurred on the date and hour stated above.

	Duration
Immediate cause of death Acute myocarditis	1 wk.
Due to Chronic myocarditis	2 yrs
Due to	
Other conditions (Include pregnancy within 3 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?
(Specify type of place)

While at work? (e) Means of injury

23. Signature [signature] (M. D. or other)

Address 3146a Lacleede Date signed 3/29/43

(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 Louis V. Atkins

Licensed Embalmer No. 2842

P. O. Address 3644 Finney

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.