V. S. No. 2
M—9-4-41
ev. 5-17-39
I X29484

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

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

MISSOURI STATE BOARD OF HEALTH

STANDARD CERTIFICATE OF DEATH

State File No. 22775

FILED AUG 3 1945

Registration District No. 8 18

Primary Registration District No. 1003

Registrar's No. 6586

1. PLACE OF DEATH:

(a) County ~~Homer G. Phillips Hospt.~~

(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 HOMER G. PHILLIPS HOSPITAL
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution 20 mo (Specify whether
In this community 50 yrs
years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Mo (b) County 0 00

(c) City or town St Louis 17 25
(If outside city or town limits, write "RURAL")

(d) Street No. 1521 N. Franklin Ave
(If rural, give location)

(e) Citizen of foreign country? 0 (Yes or No)

If yes, name country

3. (a) PRINT FULL NAME Malinda Young

3. (b) If veteran, name war No

3. (c) Social Security No. no

4. Sex Female 3

5. Color or race col

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

6. (b) Name of husband or wife widow

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

7. Birth date of deceased about Dec 25 (Month) (Day) 1857 (Year)

8. AGE: ~~48~~ Years 87 Months 6 Days 29 If less than one day hr. min.

9. Birthplace Hannibal Mo (City, town, or county) 0 (State or foreign country)

10. Usual occupation Laundress

11. Industry or business

FATHER
12. Name Dave Johnson
13. Birthplace Mo (City, town, or county) 0 (State or foreign country)

MOTHER
14. Maiden name Mildred McDind
15. Birthplace unknown (City, town, or county) 0 (State or foreign country)

16. (a) Informant Daughter (Mamie Clark
(b) Address 1521 N. Franklin ave

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 7-25-45 (Month) (Day) (Year)
(c) Place: burial or cremation Greenwood July 28-45

18. (a) Signature of funeral director McDowell
(b) Address 1711 No Taylor Ave

19. (a) JUL 27 1945 (Date received local registrar) (b) J. F. Busch (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month July day 24th year 1945 hour 2 minute 00 A.M.

21. I hereby certify that I attended the deceased from July 1st, 1945 to July 24th, 1945 that I last saw her alive on July 24th, 1945 and that death occurred on the date and hour stated above.

Immediate cause of death

Due to Acute Myocarditis
Ch. Myocarditis

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)

Address 823 N. 16th St Date signed 7/25/45

(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 Fulton E. Culkin

Licensed Embalmer No. 4198

P. O. Address 4912 Fountain

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.

St Louis 13-MO,