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

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

FILED MAR 31 1947

Registration District No. 318

THE STATE BOARD OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH

Primary Registration District No. 1003

State File No. 11736

Registrar's No. 3082

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:
Homer G Phillips Hospital 0
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution 6 days (Specify whether
In this community
years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County 000 17

(c) City or town St. Louis 21
(If outside city or town limits, write "RURAL")

(d) Street No. 103 N Channing 8
(If rural, give location)

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

If yes, name country

3. (a) PRINT FULL NAME Robert Young

3. (b) If veteran, name war

3. (c) Social Security No.

4. Sex Male 2

5. Color or race Col.

6. (a) ~~Single, widowed~~, married, ~~divorced~~ Married 1

6. (b) Name of husband or wife R. B. Young

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

7. Birth date of deceased July 4 (Month) 1904 (Day) (Year)

8. AGE: Years 43. Months 8 Days 16. If less than one day hr. min.

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

10. Usual occupation Laborer

11. Industry or business

FATHER
12. Name Robert Young
13. Birthplace Ark. (City, town, or county) 1 (State or foreign country)

MOTHER
14. Maiden name Hattie Joyner
15. Birthplace Ark. (City, town, or county) 1 (State or foreign country)

16. (a) Informant Mrs. R. B. Young
(b) Address 30 West 119 New York

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 3-25-47 (Month) (Day) (Year)
(c) Place: burial ~~or cremation~~ Greenwood

18. (a) Signature of funeral director Herman Smith
(b) Address 4247 W. Labadie

19. (a) MAR 23 1947 (Date received local registrar) (b) J. F. Biedeck (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Mar. day 20
year 1947 hour 8 minute 30 AM.

21. I hereby certify that I attended the deceased from
-3-14, 1947, to 3-20, 1947
that I last saw him alive on Mar. 20, 1947
and that death occurred on the date and hour stated above.

	Duration
Immediate cause of death: Pellagra	Undet.
Due to	
Due to	
Other conditions: Lobar Pneumonia (Include pregnancy within 3 months of death)	Undet.

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Major findings:
Of operations

Of autopsy Yes

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 0

23. Signature Edwin B. Williams (M.D. or other)
Address 2601 N Whittier Date signed 3/22/44

(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 Lawrence E. Nielson

Licensed Embalmer No. 4341

P. O. Address St Louis. Mo.

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

If this body is not embalmed, fact should be so stated above.