No. 2
-1/47
17-39

FEDERAL SECURITY AGENCY
National Office of Vital Statistics

FILED FEB 9 1948

Registration District No. 518

MISSOURI DIVISION OF HEALTH

STANDARD CERTIFICATE OF DEATH

Primary Registration District No. 1003

State File No. 3278

Registrar's No. 943

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

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
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution 11 days (Specify whether
In this community 20 Years
years, months or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Missouri (b) County 000
(c) City or town St. Louis 17
(If outside city or town limits, write "RURAL")
(d) Street No. 21 2945 Sheridan 9
(If rural, give location)
(e) Citizen of foreign country? (Yes or No) 0
If yes, name country

3. (a) PRINT FULL NAME Thomas Young
3. (b) If veteran, name war no.
3. (c) Social Security No.
4. Sex Male 2
5. Color or race Col.
6. (a) Single, widowed, married, divorced Married
6. (b) Name of husband or wife Ida Lue Young
6. (c) Age of husband or wife if alive 42 years
7. Birth date of deceased April 28, 1898. (Month) (Day) (Year)

8. AGE:	Years	Months	Days	If less than one day
	49	8	28	hr. min.

9. Birthplace Merdian, Miss. (City, town, or county) (State or foreign country)
10. Usual occupation Hauling
11. Industry or business
FATHER
12. Name Ben Young
13. Birthplace Marion, Ala. (City, town, or county) (State or foreign country)
MOTHER
14. Maiden name Ida Moore
15. Birthplace Macon, Miss. (City, town, or county) (State or foreign country)
16. (a) Informant John Westley
(b) Address 2945 Sheridan Ave.
17. (a) Burial (Burial, cremation, or removal) (b) Date thereof Jan. 31, 1948 (Month) (Day) (Year)
(c) Place: burial or cremation Washington Park Cemetery
18. (a) Signature of funeral director Wright's Funeral Home.
(b) Address 3100 Easton Ave.
19. (c) JAN 30 1948 (Date received local registrar) (b) J. F. Bredeck (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Jan. day 26
year 1948 hour 9 minute 15 p M.
21. I hereby certify that I attended the deceased from Jan. 15, 1948, to Jan. 26, 1948
that I last saw him alive on Jan. 26, 1948
and that death occurred on the date and hour stated above.

	Duration
Immediate cause of death: Bilateral Lower Lobar Pneumonia	Undet.
Due to	
Due to	
Other conditions None (Include pregnancy within 3 months of death)	

Major findings:
Of operations
Of autopsy No

PHYSICIAN
Underline the cause of 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 Herbert J. Ermin (M. D. or other)
Address 2601 N Whittier Date signed 1/28/48

Jefferson City Printing Co. (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 Arthur L. Hilliard

Licensed Embalmer No. 4221

P. O. Address 1154 Bayard

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.