

FILED JUN 21 1948

Registration District No. **318**

Primary Registration District No.

State File No.

Registrar's No. **5291**

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
In this community 40 years
years, months or days (Specify whether)

2. USUAL RESIDENCE OF DECEASED:
(a) State Missouri (b) County 000
(c) City or town St. Louis
(If outside city or town limits, write "RURAL")
(d) Street No. 3944 a Fairfax
(If rural, give location)
(e) Citizen of foreign country? No (Yes or No)
If yes, name country.....

3: (a) PRINT FULL NAME Cordie Young
3. (b) If veteran, name war
3. (c) Social Security No. 488-16-8596

MEDICAL CERTIFICATION
20. **DATE OF DEATH:** Month June day 7
year 1948 hour 11 minute 10 a.m.

4. Sex Male 5. Color or race Negro
6. (a) Single, widowed, married, divorced Widowed
6. (b) Name of husband or wife..... 6. (c) Age of husband or wife if alive 27, 1890
7. Birth date of deceased: December 27, 1890
(Month) (Day) (Year)

21. I hereby certify that I attended the deceased from May 27, 1948, to June 7, 1948
that I last saw him alive on June 7, 1948
and that death occurred on the date and hour stated above.

8. **AGE:** Years 58 Months 5 Days 10
If less than one day hr. min.

Immediate cause of death Carcinoma of Bladder with Regional Metastasis
Urinary
Due to.....
Due to.....
Other conditions None
(Include pregnancy within 3 months of death)

9. Birthplace: Columbia, Tenn.
(City, town, or county) (State or foreign country)

10. Usual occupation Laborer

11. Industry or business Alco Express Company

MOTHER FATHER { 12. Name Unknown Unknown
13. Birthplace Unknown Unknown
(City, town, or county) (State or foreign country)
14. Maiden name Unknown
15. Birthplace Unknown Unknown
(City, town, or county) (State or foreign country)

Major findings:
Of operations.....
Of autopsy Yes

16. (a) Informant Andrew Young
(b) Address 3944a Fairfax Avenue

17. (a) Burial (b) Date thereof 6/11/48
(Burial, cremation, or removal) (Month) (Day) (Year)
(c) Place: burial or cremation Washington Park Cem.

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?

18. (a) Signature of funeral director J. J. Sneed
(b) Address 3615-17 Easton Avenue
JUN 10 1948
19. (a) J. F. Braddock
(Date received local registrar) (Registrar's signature)

While at work?.....
Specify type of place (a) Means of injury.....
23. Signature Merle B. Berrford (M. D. or other) 6/8/48
Address 101 No. Walnut St. Date signed 6/8/48

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

15

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.....

Jeffrey C. Cooper, Registered Apprentice No. 505
working under my personal supervision.

Signed

James Hyatt
Licensed Embalmer No. 4841
P. O. Address 2829 Washington

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.