

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

Registration District No. **318** Primary Registration District No. **1003**

1. PLACE OF DEATH:

(a) County.....

(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:
St. Marys Hospital Infirmary
(If not a hospital or institution, file street number or location)

(d) Length of stay: In-hospital or institution..... **0** (Specify whether years, months or days)

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

2. USUAL RESIDENCE OF DECEASED:

(a) State..... (b) County..... **17**

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

(d) Street No. **4552 Enright Ave**
(If rural, give location)

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

If yes, name country.....

3: (a) PRINT FULL NAME. **Solomon Young**

3. (b) If veteran, name war..... **No** 3. (c) Social Security No.

4. Sex **Male** 2 5. Color or race **Colored**

6. (a) Single, widowed, married, divorced..... **Married**

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

7. Birth date of deceased **Nov 16, 1889**
(Month) (Day) (Year)

8. AGE:

Years	Months	Days	If less than one day
58	8	10	hr. min.

9. Birthplace. **Pulaska Tenn.**
(City, town, or county) (State or foreign country)

10. Usual occupation. **Laborer**

11. Industry or business. **L. & N. Railroad Co.**

12. Name. **Lafayette Young**

13. Birthplace. **Pulaska Tenn**
(City, town, or county) (State or foreign country)

14. Maiden name. **Ruth Brown**

15. Birthplace. **Pulaska Tenn.**
(City, town, or county) (State or foreign country)

16. (a) Informant. **Julia Garr**

(b) Address. **4552 Enright Ave**

17. (a) Shipper (b) Date thereof **7-30th 1948**
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation **Decatur, Ala.**

18. (a) Signature of funeral director. **A. L. Beal Und Co.**

(b) Address **2726 Lucas Ave.**

19. (a) JUL 30 1948 (b) **J. F. Beckwith**
(Date received local Registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month **7** day **26**
year **1948** hour **4** minute **2** M.

21. I hereby certify that I attended the deceased from **5/1/48** to **7/26/48**, 19**48**
that I last saw him **alive** on **7/26/48**, 19**48**
and that death occurred on the date and hour stated above.

Immediate cause of death **Caruonia of liver** 20yrs
260

Due to.....

Due to **Caruonia of liver**

Other conditions (Include pregnancy within 3 months of death)

PHYSICIAN

Major findings:
Of operations.....
Of autopsy..... **No**

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) (Means of injury)

While at work?.....

23. Signature. **J. F. Beckwith** (M. D. or D.O.)
Address **822 Jefferson** Date signed **7/29/48**

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 Joel Russell

Licensed Embalmer No. 4112

P. O. Address. 2732 Pine St

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.