

**MISSOURI STATE BOARD OF HEALTH  
BUREAU OF VITAL STATISTICS  
CERTIFICATE OF DEATH**

Do not use this space.

✓ 16484

**1. PLACE OF DEATH**

County..... Registration District No. 701  
Township..... Primary Registration District No. 1008  
City St. Louis, Mo. (No. Sanitarium) St. \_\_\_\_\_ Ward \_\_\_\_\_

File No. ....  
Registered No. 5005

**2. FULL NAME**

Charles Young  
(a) Residence, No. 1211 Mississippi Ave. 13 Ward. (If nonresident, give city or town and State)

Length of residence in city or town where death occurred 5 yrs. 6 mos. - ds. How long in U. S., if of foreign birth? yrs. mos. ds.

**PERSONAL AND STATISTICAL PARTICULARS**

**3 MEDICAL CERTIFICATE OF DEATH**

3. SEX Male 4. COLOR OR RACE white 5. SINGLE, MARRIED, WIDOWED OR DIVORCED (write the word) Single

16. DATE OF DEATH (MONTH, DAY AND YEAR) 4-25-1931

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF

17. I HEREBY CERTIFY, That I attended deceased from 8-25-1930, to 4-25-1931 that I last saw h. live on 4-25-1931, and that death occurred, on the date stated above, at 12:15 P. M.

6. DATE OF BIRTH (MONTH, DAY AND YEAR) 4-25-1880

THE CAUSE OF DEATH\* WAS AS FOLLOWS:

7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min. 50 5 0

General Failure of the Disease  
8 1/2 (duration) yrs. 8 mos. 1 da. +

**8. OCCUPATION OF DECEASED**

(a) Trade, profession, or particular kind of work Barber 226  
(b) General nature of industry, business, or establishment in which employed (or employer) Unknown  
(c) Name of employer

CONTRIBUTORY (SECONDARY) Empyema of the face  
non traumatic (duration) yrs. mos. ds.

**9. BIRTHPLACE (CITY OR TOWN)**

St. Louis Missouri

**18. WHERE WAS DISEASE CONTRACTED**

IF NOT AT PLACE OF DEATH. \_\_\_\_\_

**10. NAME OF FATHER**

Unknown

0 DID AN OPERATION PRECEDE DEATH? No DATE OF \_\_\_\_\_

**11. BIRTHPLACE OF FATHER (CITY OR TOWN)**

Waterloo Illinois

19. PLACE OF BURIAL, CREMATION, OR REMOVAL Calvary Cemetery DATE OF BURIAL 4-27 1931

**12. MAIDEN NAME OF MOTHER**

Unknown

20. UNDERTAKER McLaughlin ADDRESS 1631 mo ave.

**13. BIRTHPLACE OF MOTHER (CITY OR TOWN)**

Germany

**14. INFORMANT**

John J. Ryan M.D.  
(Address) 5400 Arsenal St.

**15. FILED**

27 1931 W. M. C. TANKER REGISTRAR

CAUSE OF DEATH IN plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. PHYSICIANS should state

