

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

Do not use this space.

**1. PLACE OF DEATH**

96 County St. Louis  
Township Canhomme  
City St. Louis (No. 785)

Registration District No. 6031  
Primary Registration District No. 6031

File No. 20926  
Registered No. 148  
St. St. Louis Ward 148

**2. FULL NAME**

Charles Young  
(a) Residence, No. Duotop St. St. Louis Ward 148  
(Usual place of abode) (If nonresident, give city or town and State)  
Length of residence in city or town where death occurred 54 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

**PERSONAL AND STATISTICAL PARTICULARS**

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

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) July 14<sup>th</sup> 1879

7. AGE YEARS MONTHS DAYS If LESS than 1 day, ..... hrs. or ..... min.  
54 4 13

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Merchant

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. \_\_\_\_\_

10. Date deceased last worked at this occupation (month and year) 6-27-33 11. Total time (years) spent in this occupation \_\_\_\_\_

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Section 7110

13. NAME William Young

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) GERMANY

15. MAIDEN NAME Katharina Buckner

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) GERMANY

17. INFORMANT (ADDRESS) Pauline Young

18. BURIAL, CREMATION, OR REMOVAL PLACE Springton MO DATE June 30<sup>th</sup> 1933

19. UNDERTAKER (ADDRESS) John G. Koch

20. FILED 6/28 33 C. E. Barnett Registrar.

**MEDICAL CERTIFICATE OF DEATH**

21. DATE OF DEATH (MONTH, DAY, AND YEAR) 6/27/33

22. I HEREBY CERTIFY, That I attended deceased from 10 1933, to 11 1933.

I last saw him alive on 11 1933. Death is said to have occurred on the date stated above, at 3:30 p.m.

The principal cause of death and related causes of importance were as follows:  
**Suicide by self-destruction with shot gun. Put barrel of shot gun up against left chest and pushed trigger with stick. Witnessed by the family.** Date of onset \_\_\_\_\_

Other contributory causes of importance: **Form of senile dementia. Under care of physician for some time. Five weeks ago, attempted suicide by drowning.**

Name of operation \_\_\_\_\_ Date of \_\_\_\_\_  
What test confirmed diagnosis? Autopsy Was there an autopsy? yes

23. If death was due to external causes (violence), fill in also the following: Accident, suicide, or homicide? \_\_\_\_\_ Date of injury \_\_\_\_\_

Where did injury occur? \_\_\_\_\_ (Specify city or town, county, and State)  
Specify whether injury occurred in industry, in home, or in public place.

Manner of injury \_\_\_\_\_  
Nature of injury \_\_\_\_\_

24. Was disease or injury in any way related to occupation of deceased? If so, specify \_\_\_\_\_

(Signed) Lute B. Turner M.D.  
(Address) 3718 Jennings St St. Louis, Mo. 6/28/33

WRITE PLAINLY, WITH UNFADING INK---THIS IS A PERMANENT RECORD

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important.

1-10-10

but relieved before demise. This time made good by  
use of shot gun, scoring entire chest.

AVA

DECEMBER 1911

2