

MAR 17 1936

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

Do not use this space.

12667

1. PLACE OF DEATH

County

Registration District No.

791

Township

Primary Registration District No.

City

(No.)

St. Louis Mo. City Hospital No. 21003

File No.

Registered No.

2705

St.

Ward)

2. FULL NAME

(a) Residence, No.

(Usual place of abode)

Length of residence in city or town where death occurred

yrs.

mos.

ds.

How long in U. S., if of foreign birth?

yrs.

mos.

ds.

Ward. 21

(If nonresident, give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

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

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) June 10 1886

7. AGE YEARS 49 MONTHS 8 DAYS 27
If LESS than 1 day, hrs. or min.

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

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)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Va.

13. NAME George Younger

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

15. MAIDEN NAME Ruth Younger

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

17. INFORMANT Ruby Lee
(ADDRESS) 2745 - Lawton

18. BURIAL, CREMATION, OR REMOVAL

PLACE Father Miller, DATE 3-12-36

19. UNDERTAKER E. S. Pettis, Inc.
(ADDRESS) 3030 Bell Ave.

20. FILED MAR 11 1936

Regist. J. F. Brebeck

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) March 7th 1936

22. I HEREBY CERTIFY, That I attended deceased from 3-4-1936, to 3-7-1936

I last saw him alive on 3-7-1936 Death is said

to have occurred on the date stated above, at 8:55 P.

The principal cause of death and related causes of importance were as follows:

Tuberculosis
Pneumonia

Date of onset

3-7-36

Other contributory causes of importance: 23

Name of operation _____ Date of _____

What test confirmed diagnosis? _____ Was there an autopsy? No

23. If death was due to external causes (violence), fill in also the following:
Accident, suicide, or homicide? _____ Date of injury _____, 19____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) J. Owen Blache

M. D.

(Address) City Hospital #2

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.

