

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.

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

JAN 10 1938

CERTIFICATE OF DEATH

791/
1003/
43232
DO NOT USE THIS SPACE.

1. PLACE OF DEATH **Homer G Phillips Hospital**
 (a) County..... Registration District No.....
 (b) Township..... Primary Registration District No..... Registered No. **11482**
 (c) City **St. Louis** (d) Street No. **2601** **N Whittier** St.
 (If death occurred in Hospital or Institution, write its name instead of street and number)
 (e) Length of residence in city or town where death occurred **7** yrs. mos. ds. (f) How long in U. S., if of foreign birth? yrs. mos. ds.

2. PRINT FULL NAME **Izora Young**
 (a) Residence, No. **1324a Blair** St. **25**
 (Usual place of abode, if no street address, write county or city) (If nonresident, give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS				
3. SEX F	4. COLOR OR RACE C	5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) Married		
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF George Young				
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) May 26, 1908				
7. AGE	YEARS 28 29	MONTHS 6	DAYS 13	IF LESS than 1 day, hrs. or min.
OCCUPATION	8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc. nil			
	9. Industry or business in which work was done, as 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) Ducan Mississippi				
FATHER	13. NAME Lee Prince			
	14. BIRTHPLACE (CITY OR TOWN), (STATE OR COUNTRY) Mississippi			
MOTHER	15. MAIDEN NAME Ada Scott			
	16. BIRTHPLACE (CITY OR TOWN), (STATE OR COUNTRY) Mississippi			
17. INFORMANT Evelyn Hilliard (ADDRESS) 2601 N Whittier				
18. BURIAL, CREMATION, OR REMOVAL PLACE Washington Park DATE 12/19/1937				
19. FUNERAL DIRECTOR Ellis Funeral Home (ADDRESS) 2820 Stoddard St				
20. FILED DEC 14 1937 J. F. Brebeck Local Registrar.				

MEDICAL CERTIFICATE OF DEATH	
21. DATE OF DEATH (MONTH, DAY, AND YEAR) Dec. 9	19 37
22. I HEREBY CERTIFY, That I attended deceased from Nov. 9 , 19 37 , to Dec. 9 , 19 37	
I last saw her alive on Dec. 9 , 19 37 . Death is said to have occurred on the date stated above, at 11:40 m. p.m.	
The principal cause of death and related causes of importance were as follows: Pulmonary tuberculosis	
Date of onset 11/9/37	
Other contributory causes of importance: 23	
Name of operation	Date of
What test confirmed diagnosis? clinical 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....., 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) A. L. Lewis , M. D. (Address) 2601 N Whittier	

STATEMENT BY LICENSED EMBALMER

I, Lonnie Boykins, Licensed Embalmer No. 2946

hereby certify that the body recorded on the reverse side of this certificate was embalmed by myself

L. E.

No. _____ or by _____, Registered Apprentice No. _____
working under my personal supervision.

Signed Lonnie Boykins
Licensed Embalmer No. 2946

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.)