

REC'D SEP 12 1938

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

27643

Do not use this space.

## 1. PLACE OF DEATH

(a) County..... Registration District No. **791**  
(b) Township..... Primary Registration District No. **1008**  
(c) City **St. Louis, Mo.** (d) Street No. **Josephine Hospital** St.  
(e) Length of residence in city or town where death occurred **30** yrs. mos. ds. (f) How long in U. S., if of foreign birth? yrs. mos. ds.  
(If death occurred in Hospital or Institution, write its name instead of street and number)

Registered No. **7657**

## 2. PRINT FULL NAME

**Benjamin M. Young** **520**  
(a) Residence, No. **4727a St. Ferdinand Ave.** St. **6**  
(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 <b>Male</b>	4. COLOR OR RACE <b>White</b>	5. SINGLE, MARRIED, WIDOWED, OR DIVORCED <b>Single</b>
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF		
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) <b>Jany. 22, 1879</b>		
7. AGE YEARS <b>59</b>	MONTHS <b>7</b>	DAYS <b>6</b>
8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc. <b>Police Officer</b>		If LESS than 1 day, ..... hrs. or ..... min.
9. Industry or business in which work was done, as saw mill, bank, etc.		11. Total time (years) spent in this occupation <b>28</b>
12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <b>Kenter Kentucky</b>		
13. NAME <b>Samuel Young</b>		
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <b>Kentucky</b>		
15. MAIDEN NAME <b>Parazada Shelton</b>		
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <b>Kentucky</b>		
17. INFORMANT (ADDRESS) <b>Charles Young 5719 Era Ave.</b>		
18. BURIAL, CREMATION, OR REMOVAL PLACE <b>BUTLER Mo</b> DATE <b>Aug. 30, 1938</b>		
19. FUNERAL DIRECTOR (ADDRESS) <b>Kraeger-Voss-Fix 3402 No. Kingshighway</b>		
20. FILED <b>8/29/38</b> <b>J. D. Butler</b> Local Registrar		

## MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) **Aug. 28, 1938**

22. I HEREBY CERTIFY, That I attended deceased from **Aug 1** 19**38**, to **Aug 28**, 19**38**.  
I last saw him alive on **Aug. 27**, 19**38**. Death is said to have occurred on the date stated above, at **2.00** p.m.  
The principal cause of death and related causes of importance were as follows:  
**Armia due to acute suppurative**  
**137**  
Other contributory causes of importance:  
**Laryngeal stenosis following tracheotomy for Hypertrophy -**  
Name of operation **tracheotomy** Date of **Aug 18**  
What test confirmed diagnosis? **Lab** 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 **B. J. Meadows**, M. D.  
(Signed) **B. J. Meadows** (Address) **3115d. Grand**

(Licensed Embalmer's Statement on Reverse Side)

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.

I X12004

STATEMENT BY LICENSED EMBALMER

I, Guy W. Wilkinson, Licensed Embalmer No. 3575

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

L. E.

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

Signed Guy W Wilkinson

Licensed Embalmer No. 3575

**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.)**