

AUG 4 1938

REC'D SEP 9 1938

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

29970
Do not use this space.

1. PLACE OF DEATH
 (a) County Madison Registration District No. 784
 (b) Township St Louis Primary Registration District No. 104 Registered No. 1316
 (c) City Ferguson Mo (d) Street No. 22950 HARRISON Ferguson 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 yrs. mos. ds. (f) How long in U.S., if of foreign birth? 14 yrs. 10 mos. 20 ds.

2. PRINT FULL NAME Ann Young
 (a) Residence, No. 22950 Harrison St. (If nonresident, give city or town and State)
 (Usual place of abode, if no street address, write county or city)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX Fe 4. COLOR OR RACE W 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) Widow

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF Mr R B Young

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) 4-19-1852

7. AGE YEARS 86 MONTHS 3 DAYS 14 If LESS than 1 day, hrs. or min.

8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc.
 9. Industry or business in which work was done, as saw mill, bank, etc. Housewife

10. Date deceased last worked at this occupation (month and year)
 11. Total time (years) spent in this occupation

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) 8-3-38
June 14 - 1938 to 8-3-1938
 22. I HEREBY CERTIFY That I attended deceased from June 14 - 1938 to 8-3-1938
 Last saw h. l. r. alive on 8-2-1938. Death is said to have occurred on the date stated above, at 4 p.m.
 The principal cause of death and related causes of importance were as follows:

Bronchial pneumonia Date of onset 7-20-38

Other contributory causes of importance:
Ch. nephritis 1920
Ch. myocarditis 1928
Ch. popliteal (Paralysis) 1927-28

Name of operation _____ Date of _____
 What test confirmed diagnosis? Chemical Was there an autopsy? Yes

23. If death was due to external causes (violence), fill in also the following:
 Accident, suicide, or homicide? L Date of injury L, 1938
 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 L
 Nature of injury L

24. Was disease or injury in any way related to occupation of deceased? No
 If so, specify _____
 (Signed) Roy Johnson, M. D.
 (Address) Ferguson Mo.

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) St Clair Mo

FATHER
 13. NAME Don't Know
 14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Virginia

MOTHER
 15. MAIDEN NAME Don't Know
 16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Virginia

17. INFORMANT (ADDRESS) R B Young
22950 Harrison

18. BURIAL, CREMATION, OR REMOVAL PLACE St Clair Mo DATE 8-5-38

19. FUNERAL DIRECTOR (ADDRESS) SULLIVAN
2849 No Euclid

20. FILED AUG 4 1938 10 Missouri State Board of Health
Local Registrar

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.

4330
E. E. E.
M. V. V. V.

STATEMENT BY LICENSED EMBALMER

I, Eugene H. Sullivan Licensed Embalmer No. 2930
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 Eugene H. Sullivan
Licensed Embalmer No. 2930

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.)