REC'D FEB 10 1939

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

791
1003

230
Do not use this space.

1. PLACE OF DEATH

(a) County ..... Registration District No. 1

(b) Township ..... Primary Registration District No. ..... Registered No. 230

(c) City or St. Louis Mo. (d) Street No. De Paul Hospital 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? yrs. mos. ds.

2. PRINT FULL NAME 520 Mary Vi lma Young

(a) Residence, No. ..... St. NR Claryville Mo.
(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	4. COLOR OR RACE	5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (*write* the word)
Female	White	Married

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Sept. 4, 1903

7. AGE YEARS	MONTHS	DAYS	If LESS than 1 day, ...hrs. or ....min.
35	4	18	

OCCUPATION

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

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) Dec. 15, 1938

11. Total time (years) spent in this occupation 18

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Chester Ill.

FATHER

13. NAME Ben Figiel

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Chester Ill.

MOTHER

15. MAIDEN NAME Mary Figiel

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Chester Ill.

17. INFORMANT Mr. Brevy Young
(ADDRESS) Claryville Mo.

18. BURIAL, CREMATION, OR REMOVAL
PLACE Chester Ill. DATE Jan. 8, 1939

19. FUNERAL DIRECTOR (NAME) Albert H. Hoppe Inc.
(ADDRESS) 4700 Washington Blvd.

20. FILED JAN 8 1939 J. D. Bredick Local Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Jan 5, 1939

22. I HEREBY CERTIFY That I attended deceased from January 2nd, 1939, to January 5th, 1939 I last saw her alive on January 5th, 1939 Death is said to have occurred on the date stated above, at 6 P m.

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

Acute Thyrotoxicosis

Date of onset

Other contributory causes of importance:

Name of operation None Date of

What test confirmed diagnosis? Inspection 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) A J Settinger, M. D.

(Address) 2745 N Grand

(Licensed Embalmer's Statement on Reverse Side)

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.

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me, or by.....

....., Registered Apprentice No.....

working under my personal supervision.

Signed Guy W Wilkinson

Licensed Embalmer No. 3575

P. O. Address.....

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comp with the above constitutes grounds for revocation of license.)

If this body is not embalmed, above space should be left blank.