REC'D SEP 14 1939

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

27788
Do not use this space.

791
1003
7288

1. PLACE OF DEATH
(a) County
(b) Township
(c) City St. Louis, Mo. (d) Street No. Homer Phillips Hosp. 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 520 yrs. mos. ds. (f) How long in U. S., if of foreign birth? yrs. mos. ds.

Registration District No.
Primary Registration District No. Registered No.

2. PRINT FULL NAME Annahee Young
(a) Residence, No. 2707a Delmar St. 21
(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: Female
4. COLOR OR RACE: Col.
5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word): Single
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Aug. 23, 1922
7. AGE: Years 16 | Months 11 | Days 26 | If LESS than 1 day, hrs. or min.

OCCUPATION
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. High School student
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) St. Louis, Mo.

FATHER
13. NAME John Young
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Mississippi

MOTHER
15. MAIDEN NAME Sophia Williams
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Birmingham, Ala.

17. INFORMANT Mrs. Sophia Young
(ADDRESS) 2707a Delmar

18. BURIAL, CREMATION, OR REMOVAL
PLACE Greenwood Cem. DATE Aug. 23, 1939

19. FUNERAL DIRECTOR W. C. Gordon
(ADDRESS) 2649 Delmar

20. FILED AUG 22 1939 J. F. Riedel Local Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) 8/19 1939

22. I HEREBY CERTIFY, That I attended deceased from ....., 19....., to ....., 19.....
I last saw h..... alive on ....., 19..... Death is said to have occurred on the date stated above, at 11:40 AM
The principal cause of death and related causes of importance were as follows:

Pulmonary Tuberculosis — Date of onset

Other contributory causes of importance:

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 See above
Nature of injury

24. Was disease or injury in any way related to occupation of deceased? .....
If so, specify
(Signed) Alfred Perry, M. D.
(Address) Myers Corner

(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.

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STATEMENT BY LICENSED EMBALMER

I, W. Claude Gordon, Licensed Embalmer No. 3489

hereby certify that the body recorded on the reverse side of this certificate was embalmed by none

L. E.

No. or by, Registered Apprentice No.

working under my personal supervision.

Signed W. Claude Gordon

Licensed Embalmer No. 3489

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.)