

Registration District No. **791**

Primary Registration District No. **1003**

Registrar's No.

1. PLACE OF DEATH:

(a) County _____
 (b) City or town Saint Louis, Missouri.
(If outside city or town limits, write "RURAL" and name of township)
 (c) Name of hospital or institution:
3926 Connecticut Street.
(If not in hospital or institution, write street number or location)
 (d) Length of stay: In hospital or institution _____
(Specify whether
 In this community _____
years, months or days)

3. (a) PRINT FULL NAME Henry S. Young. **520**

3. (b) If veteran, name war _____ 3. (c) Social Security No. 702-12-6261

4. Sex Male 5. Color or race White 6. (a) Single, widowed, married, divorced Married

6. (b) Name of husband or wife Louise H. Young. 6. (c) Age of husband or wife if alive 58 years

7. Birth date of deceased November 27th, 1876.
(Month) (Day) (Year)

8. AGE: Years 63 Months 4 Days 29 If less than one day _____ hr. _____ min.

9. Birthplace Unknown Texas
(City, town, or county) (State or foreign country)

10. Usual occupation Switchman

11. Industry or business ~~XXXXXXXXXXXXXXXXXXXX~~

12. Name Edw. Young.

13. Birthplace Unknown Unknown
(City, town, or county) (State or foreign country)

14. Maiden name Unknown
(City, town, or county) (State or foreign country)
 15. Birthplace Unknown
(City, town, or county) (State or foreign country)

16. (a) Informant's own signature Louise S. Young

(b) Address 3926 Connecticut Street.

17. (a) Burial (b) Date thereof April 29, 40
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation St. Pauls Churchyard.

18. (a) Signature of funeral director Ziegenhain Brov.

(b) Address 2623 Cherokee Street.

19. (a) APR 29 1940 (b) J. A. Lembeck
(Date received local registry) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri. (b) County _____
 (c) City or town Saint Louis. **16**
(If outside city or town limits, write "RURAL")
 (d) Street No. 3926 Connecticut Street.
(If rural, give location)
 (e) If foreign born, how long in U. S. A. _____ years.

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month April day 26th,
 year 1940. hour 5 minute 30 A. M.

21. I hereby certify that I attended the deceased from March 19 1940 to April 25 1940 that I last saw him alive on April 25 1940 and that death occurred on the date and hour stated above.

Immediate cause of death Carcinoma of Lung Duration 6 Mo

Due to _____

Due to _____

Other conditions HA
(Include pregnancy within 3 months of death)

Major findings: Of operations none

Of autopsy _____

PHYSICIAN

Underline the cause to which death should be charged statistically

22. If death was due to external causes, fill in the following:

(a) Accident, suicide, or homicide (specify) No

(b) Date of occurrence _____

(c) Where did injury occur? No (City or town) (County) (State)

(d) Did injury occur in or about home, on farm, in industrial place, in public place?

While at work? _____ (Specify type of place) (e) Means of injury _____

23. Signature J. A. Lembeck (M. D. or other) _____

Address 607 N. Third Blvd Date signed 4-27-40

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

W. E. Morris

Licensed Embalmer No.

3360

P. O. Address.....

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

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