

No. 2
-12-40
-17-39
X23159

Registration District No. **791**

Primary Registration District No. **1003**

Registrar's No. _____

1. PLACE OF DEATH:

(a) County _____

(b) City or town **St Louis**
(If outside city or town limits, write "RURAL" and name of township)

(c) Name of hospital or institution:
3628 Grandel Squair **2**
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution _____
(Specify whether years, months or days)

In this community **25 years**

2. USUAL RESIDENCE OF DECEASED:

(a) State **Missouria** (b) County _____

(c) City or town **St Louis** **19**
(If outside city or town limits, write "RURAL")

(d) Street No. **3628 Grandel Square**
(If rural, give location)

(e) If foreign born, how long in U. S. A. _____ years.

3. (a) PRINT FULL NAME **Odessa Young** **520**

3. (b) If veteran, name war **no**

3. (c) Social Security No. **none**

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month **July** day **22**
year **1940** hour **6:10** minute **A.** M.

4. Sex **Female**

5. Color or race **Col**

6. (a) Single, widowed, married, divorced **Married**

6. (b) Name of husband or wife **George Young**

6. (c) Age of husband or wife if alive **61** years

7. Birth date of deceased **March 4 1879**
(Month) (Day) (Year)

21. I hereby certify that I attended the deceased from _____, 19____, to _____, 19____;

that I last saw h _____ alive on _____, 19____; and that death occurred on the date and hour stated above.

| 8. AGE: | Years | Months | Days | If less than one day |
|---------|-----------|----------|----------|----------------------|
| | 51 | 4 | 4 | hr. min. |

Immediate cause of death **Chronic Myocarditis**
Chronic Parenchymatous Nephritis

9. Birthplace **Salsburry Mo**
(City, town, or county) (State or foreign country)

Due to _____

Due to _____

10. Usual occupation **maid**

Other conditions **1940**
(Include pregnancy within 3 months of death)

11. Industry or business _____

Major findings: _____

Of operations _____

Of autopsy _____

12. Name **Henry Moss**

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

14. Maiden name **Wennie Hurt**
(City, town, or county) (State or foreign country)

15. Birthplace **Mo**
(City, town, or county) (State or foreign country)

16. (a) Informant **George Young**

(b) Address **3628 Grandel Square**

17. (a) **Burial** (b) Date thereof **July 12-40**
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation **Greenwood**

18. (a) Signature of funeral director **J. W. Harker**
2620 Lawton

(b) Address _____

19. (a) **JUL 11 1940** (b) **J. J. Braddock**
(Date received local registrar) (Signature of Registrar)

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

(a) Accident, suicide, or homicide (specify) _____

(b) Date of occurrence _____

(c) Where did injury occur? _____
(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) Details of injury **5**

23. Signature **Alfred Perry** (M. D. or other) _____

Address **1011 1/2 E. 11th** Date signed **7/11/40**

Duration

PHYSICIAN

Underline the cause to which death should be charged statistically.

WRITE PLAINLY—USE UNFADING BLACK INK—MAKE A PERMANENT RECORD

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 *Clark Young*
Licensed Embalmer No. *33715*
P. O. Address *St. Louis, Mo.*

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.)

If this body is not embalmed, fact should be so stated above.