No. 2
4-13-40
5-17-39
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DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

MISSOURI STATE BOARD OF HEALTH

STANDARD CERTIFICATE OF DEATH

State File No. 37363

Registration District No. 791 | Primary Registration District No. 1003 | Registrar's No. 9636

FILED DEC 1 1940

1. PLACE OF DEATH
(a) County 3128 Lucas St Louis
(b) City or town
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: Coroners Case 3
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution
In this community About 22 Years (Specify whether years, months or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Mo (b) County
(c) City or town St. Louis 21
(If outside city or town limits, write "RURAL")
(d) Street No. #3126 Lucas Ave
(If rural, give location)
(e) If foreign born, how long in U. S. A.? years.

3. (a) PRINT FULL NAME Charlie Young
3. (b) If veteran, name war No
3. (c) Social Security No. None
4. Sex Male
5. Color or race Col
6. (a) ~~Single, widowed, married, divorced~~ Common Law
6. (b) Name of husband or wife Mary Gibson
6. (c) Age of ~~husband or~~ wife if alive 43 years
7. Birth date of deceased Unknown (Month) (Day) (Year)
8. AGE: Years 54 Months ? Days ? If less than one day hr. min.
9. Birthplace Cotton Plant Mississippi (City, town, or county) (State or foreign country)
10. Usual occupation Labor
11. Industry or business
FATHER 12. Name Unknown
FATHER 13. Birthplace Cotton Plant Mississippi (City, town, or county) (State or foreign country)
MOTHER 14. Maiden name Unknown
MOTHER 15. Birthplace Unknown (City, town, or county) (State or foreign country)
16. (a) Informant Mary Gibson
(b) Address 3126 Lucas Ave
17. (a) (Burial, cremation, or removal) (b) Date thereof 11/26/1940 (Month) (Day) (Year)
(c) Place: burial or cremation Gerrn Wood Cem
18. (a) Signature of funeral director Pinkie L. Toney
(b) Address 3129 Lucas Ave
19. (a) NOV 25 1940 (Date received local registrar) (b) [illegible] (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Nov day 21 year 1940 hour 2:15 minute P. M.
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.

Immediate cause of death — Duration
Coronary Occlusion
Due to
Coronary Sclerosis
Due to
Other conditions
(Include pregnancy within 3 months of death)
Major findings:
Of operations
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)
(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) Means of injury
23. Signature [illegible] (M. D. or other)
Address Date signed 11/22/40

(Licensed Embalmer's Statement on Reverse Side)

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.....

Licensed Embalmer No. 3379

P. O. Address St. Louis

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

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