

FEB 25 1941
Registration District No. 1003

Primary Registration District No. 1003

1. PLACE OF DEATH:

(a) County _____
(b) City or town Saint Louis
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution:
4014 Cote Brilliante Avenue
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution _____
(Specify whether
In this community. Unavailable
years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County C110
(c) City or town Saint Louis 1717
(If outside city or town limits, write "RURAL")
(d) Street No. 4014 Cote Brilliante Ave. 9
(If rural, give location)
(e) If foreign born, how long in U. S. A.? 0 years.

3. (a) PRINT FULL NAME Melville Smith Youree

3. (b) If veteran, name war. --- 3. (c) Social Security No. ---

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

6. (b) Name of husband or wife Maudel Youree 6. (c) Age of husband or wife if alive. 1884 years

7. Birth date of deceased. March 10th. 1884
(Month) (Day) (Year)

8. AGE: Years Months Days If less than one day
56 10 11 hr. min.

9. Birthplace Laclede Missouri
(City, town, or county) (State or foreign country)

10. Usual occupation Construction Laborer

11. Industry or business _____

12. Name Smith Youree

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

14. Maiden name Julia Allen

15. Birthplace Unknown- Kentucky
(City, town, or county) (State or foreign country)

16. (a) Informant Maudel Youree

(b) Address 4014a Cote Brilliante

17. (a) Burial (b) Date thereof. 1/25/41
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Greenwood Cemetery

18. (a) Signature of funeral director Charles J. Gates

(b) Address 4107-09 Finney Avenue

19. (a) JAN 23 1941 (b) J. J. Bredeck
(Date received at local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month January day 21st
year 1941 hour 2 minute 45 p. a. m.

21. I hereby certify that I attended the deceased from January
19th 1941 to January 21, 1941
that I last saw him alive on January 21, 1941
and that death occurred on the date and hour stated above.

Immediate cause of death _____
Cancer of Stomach 5 Mos.

Due to _____

Due to _____

Other conditions _____

(Include pregnancy within 3 months of death)

Major findings: _____

Of operations _____

Of autopsy _____

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. 0

23. Signature Wayoures (M. D. or other) _____

Address 2316a Market Street Date signed _____

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

www.familysearch.org

AUG 26 1941

STATEMENT BY LICENSED EMBALMER

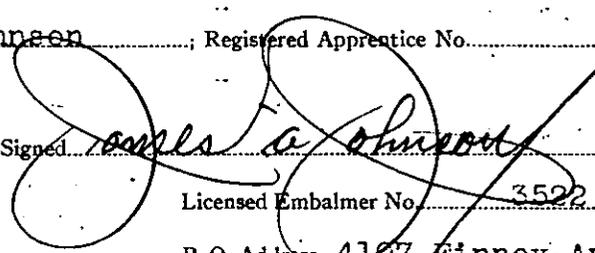
I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me, or by.....

James Arthur Johnson

Registered Apprentice No.....

working under my personal supervision.

Signed



Licensed Embalmer No. 3522

P. O. Address 4107 Finney Avenue

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.