No. 2
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DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

MISSOURI STATE BOARD OF HEALTH

STANDARD CERTIFICATE OF DEATH

State File No. 4869

MAY 25 1941

Registration District No. 791

Primary Registration District No. 1003

Registrar's No. 1117

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

0 7 9

1. PLACE OF DEATH:

(a) County

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

(c) Name of hospital or institution: Missouri Baptist Hospital 0
(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)

2. USUAL RESIDENCE OF DECEASED:

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(a) State Missouri (b) County 17

(c) City or town St. Louis 117
(If outside city or town limits, write "RURAL")

(d) Street No. 3714a Maffitt
(If rural, give location)

(e) If foreign born, how long in U. S. A.? 0 years.

3. (a) PRINT FULL NAME Jennie Young

3. (b) If veteran, name war

3. (c) Social Security No. None

4. Sex Female

5. Color or race White

6. (a) Single, widowed, married, divorced Widowed

6. (b) Name of husband or wife Harry

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

7. Birth date of deceased June 8, 1864 (Month) (Day) (Year)

8. AGE: Years	Months	Days	If less than one day
76	7	23	hr. min.

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

10. Usual occupation Nil

11. Industry or business

MOTHER FATHER

12. Name ? Elliman

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

14. Maiden name Unknown

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

16. (a) Informant Jennie Golden

(b) Address 3714a Maffitt

17. (a) Cremation (Burial, cremation, or removal) (b) Date thereof 2/3/41 (Month) (Day) (Year)

(c) Place: burial or cremation Valhalla Crematory

18. (a) Signature of funeral director Edith E. Ambruster

(b) Address 4234 Manchester

19. (a) FEB 3 1941 (Date received local registrar) (b) J. F. Bredeck (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month February day 1 year 1941 hour 1.12A.M. M.

21. I hereby certify that I attended the deceased from Nov 11, 1936 to Feb 1, 1941; that I last saw her alive on Feb 1, 1941; and that death occurred on the date and hour stated above.

Immediate cause of death	Duration
Intestinal obstruction	12 hrs
Mesenteric thrombosis	
Due to Chronic hypertrophic	4 yrs.
Due to	
Other conditions (Include pregnancy within 3 months of death)	

Major findings: Of operation Gangrene of greater part of small intestine

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? (Specify type of place)

While at work? (e) Means of injury

23. Signature James A. Farrell (M. D. or other) M.D.

Address 3903 Olive Date signed 2-1-41

(Licensed Embalmer's Statement on Reverse Side)

Frame

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 Thomas Eymck

Licensed Embalmer No. 1284

P. O. Address St Louis Mo

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.