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DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS
MAR 25 1949

MISSOURI STATE BOARD OF HEALTH

STANDARD CERTIFICATE OF DEATH

State File No. 5645

Registration District No. 791 — Primary Registration District No. 1003 — Registrar's No. 1893

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

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: Homer G. Phillips Hospital (If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution 25 days (Specify whether years, months or days)

In this community 20 years

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County

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

(d) Street No. 2615 Lawton Ave. (If rural, give location)

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

3. (a) PRINT FULL NAME Charles Young

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 CORNELIA YOUNG

6. (c) Age of husband or wife if alive 46 years

7. Birth date of deceased Abt Sept. 1887 (Month) (Day) (Year)

8. AGE: Years 53 Months 5 Days If less than one day hr. min.

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

10. Usual occupation Laundry MAN

11. Industry or business

MOTHER FATHER

12. Name Unknown

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

14. Maiden name Unknown

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

16. (a) Informant CORNELIA YOUNG

(b) Address 1102 ELLIOT AVE

17. (a) BURIAL (Burial, cremation, or removal) (b) Date thereof 3-1-41 (Month) (Day) (Year)

(c) Place: burial or cremation GREENWOOD

18. (a) Signature of funeral director METROPOLITAN

(b) Address 3025 RICHARDSON ST.

19. (a) FEB 28 1941 (Date received local registrar) (b) J. H. Biedeck (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month February Day 23 year 1941 hour 1:15 minute P. M.

21. I hereby certify that I attended the deceased from January 26, 1941 to February 23, 1941 that I last saw him alive on February 23, 1941 and that death occurred on the date and hour stated above.

Immediate cause of death: Hypertensive Heart Disease Prob — Duration 3yrs.

Due to

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? (Specify type of place)

While at work? (e) Means of injury

23. Signature J. W. Johnson (M. D. or other)

Address 2600 N. Whittier St. Date signed 2-24-41

(Licensed Embalmer's Statement on Reverse Side)

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 R. L. Howell

Licensed Embalmer No. 245.2

P. O. Address 2820 Dickson

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.