

FILED SEP 8 1941

MISSOURI STATE BOARD OF HEALTH
STANDARD CERTIFICATE OF DEATH

State File No. 29446

Registration District No. 784

Primary Registration District No. 2nd

Registrar's No. 1644

1. PLACE OF DEATH:

(a) County St. Louis County
 (b) City or town Jefferson Barracks
 (If outside city or town limits, write "RURAL" and name of township)
 (c) Name of hospital or institution:
Veterans Administration Facility
 (If not in hospital or institution, write street number or location)
 (d) Length of stay: In hospital or institution Admitted 7/17/41
 (Specify whether
 In this community Since 7/17/41.
 years, months or days)

3. (a) PRINT FULL NAME William M. Young
 3. (b) If veteran, name war World
 3. (c) Social Security No. none.

4. Sex Male, 5. Color or race Negro
 6. (a) Single, widowed, married, divorced, Married
 6. (b) Name of husband or wife Mary
 6. (c) Age of husband or wife if alive - years
 7. Birth date of deceased April 13, 1888
 (Month) (Day) (Year)

8. AGE: Years 53 Months 3 Days 21
 If less than one day - hr. - min.

9. Birthplace Little Rock, Arkansas.
 (City, town, or county) (State or foreign country)

10. Usual occupation Laborer

11. Industry or business -

MOTHER FATHER
 { 12. Name Anthony Young
 { 13. Birthplace Tennessee
 (City, town, or county) (State or foreign country)
 { 14. Maiden name Billy Warfield
 { 15. Birthplace Kentucky
 (City, town, or county) (State or foreign country)

16. (a) Informant M. Schullig

(b) Address Clinical Clerk, VAF, off. Bks., No.

17. (a) Removal (b) Date thereof Aug 7 1941
 (Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Washwood - Mt Vernon

18. (a) Signature of funeral director William Campbell

(b) Mt Vernon (Specify type of place)

19. (a) AUG 5 - 1941 (b) E. M. Cochrane
 (Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Illinois (b) County 999
 (c) City or town Mt. Vernon 11
 (If outside city or town limits, write "RURAL") 0
 (d) Street No. 613 Bell Street
 (If rural, give location)
 (e) Citizen of foreign country? - (Yes or No) 2
 If yes, name country -

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month August day 4th
 year 1941 hour 4:00 minute - p. M.

21. I hereby certify that I attended the deceased from July 17, 1941 to August 4, 1941
 that I last saw him alive on August 4, 1941
 and that death occurred on the date and hour stated above.

Immediate cause of death Coronary arteriosclerotic and hypertensive heart disease, cardiac enlargement, myocardial damage and myocardial insufficiency.
 Due to -
 Due to -

Duration Unknown

Other conditions -
 (Include pregnancy within 3 months of death)

Major findings: none. No operation.

Of autopsy No 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) NO
 (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?
Yes

While at work? - (c) Means of injury -

23. Signature L. M. COCHRAN, M.D. (M. D. or other) 0
 Address Chief Medical Officer. Date signed 8/5/41

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.....

P. O. Address.....

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.