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

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

FILED FEB 27 1942

Registration District No. 791

MISSOURI STATE BOARD OF HEALTH

STANDARD CERTIFICATE OF DEATH

Primary Registration District No. 1003

State File No. 1046

Registrar's No. 10033

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:
6059 Maple Ave. /
(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:

(a) State Mo. (b) County 600

(c) City or town St. Louis 5 17
(If outside city or town limits, write "RURAL")

(d) Street No. 6059 Maple Ave. 9
(If rural, give location)

(e) Citizen of foreign country? (Yes or No)
If yes, name country 0

3. (a) PRINT FULL NAME James Sellers Young

3. (b) If veteran, name war World's War

3. (c) Social Security No. None

4. Sex Male 0

5. Color or race White

6. (a) Single, widowed, married, divorced Single 0

6. (b) Name of husband or wife

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

7. Birth date of deceased Dec. 22, 1895
(Month) (Day) (Year)

8. AGE: Years	Months	Days	If less than one day
45	11	25	hr. min.

9. Birthplace Mo. 0
(City, town, or county) (State or foreign country)

10. Usual occupation Bartender

11. Industry or business

FATHER
12. Name Harry Young
13. Birthplace MO. 0
(City, town, or county) (State or foreign country)

MOTHER
14. Maiden name Mollie Fitzpatrick
15. Birthplace Ill. /
(City, town, or county) (State or foreign country)

16. (a) Informant Mollie Young Mueller
(b) Address 6059 Maple Ave

17. (a) Burial (b) Date thereof Dec. 20, 1941
(Burial, cremation, or removal) (Month) (Day) (Year)
(c) Place: burial or cremation Bellefontaine Ceme.

18. (a) Signature of funeral director Mark Tiernon
(b) Address 5745 Mimika Ave.

19. (a) DEC 19 1941 J F Bredick
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Dec. day 17
year 1941 hour 8 minute 35 P. M.

21. I hereby certify that I attended the deceased from Oct 8, 1941
19 to Dec. 17 1941
that I last saw im alive on Dec 17 1941
and that death occurred on the date and hour stated above.

Immediate cause of death Hypertensive Heart Disease
Chr. Nephritis
Due to Cerebral Accident.
Due to
Other conditions
(Include pregnancy within 3 months of death)
Major findings:
Of operations
Of autopsy

Duration

PHYSICIAN

Underline the cause to which death should be charged statistically.

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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 0

23. Signature Robert G. Farrell (M. D. or other)
Address 624 N. Union Date signed 12/18/41.

(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.....Mark L. Tiernan.....

Licensed Embalmer No.....4174.....

P. O. Address.....5745 Minika.....

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.