S. No. 2
M—9-4-41
r. 5-17-39
P I X29484

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

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

FILED DEC 11 1942

Registration District No. 318

MISSOURI STATE BOARD OF HEALTH

STANDARD CERTIFICATE OF DEATH

Primary Registration District No. 1003

State File No. 36072

Registrar's No. 10124

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: ST MARYS INFIRMARY O (If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution (Specify whether

In this community LIFE years, months or days)

2. USUAL RESIDENCE OF DECEASED: 000

(a) State Mo (b) County 17

(c) City or town ST LOUIS (If outside city or town limits, write "RURAL") 22 9

(d) Street No. 1420a CLARK AVE. (If rural, give location)

(e) Citizen of foreign country? (Yes or No)

If yes, name country O

3. (a) PRINT FULL NAME HATTIE YOUNG.

3. (b) If veteran, name war No

3. (c) Social Security No. No

4. Sex Male

5. Color or race C

6. (a) Single, widowed, married, divorced 1 Married.

6. (b) Name of husband or wife Arthur

6. (c) Age of husband or wife if alive 71 years

7. Birth date of deceased 10 (Month) 5 (Day) 1870 (Year)

8. AGE: Years 72 Months 1 Days 25 If less than one day hr. min.

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

10. Usual occupation House Work

11. Industry or business

FATHER
12. Name FRANK SMITH
13. Birthplace Virginia (City, town, or county) (State or foreign country)

MOTHER
14. Maiden name SARAH MARCH
15. Birthplace Elsberry (City, town, or county) Mo (State or foreign country)

16. (a) Informant A. B. Young

(b) Address 1420a Clark Ave

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 12-4-42 (Month) (Day) (Year)

(c) Place: burial or cremation Washington Park

18. (a) Signature of funeral director Bennie Love

(b) Address 3103 Washington

19. (a) DEC 4 1942 (Date received local registrar) (b) J. F. Bredeck (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Nov. day 30 year 1942 hour 12:00 minute A. M.

21. I hereby certify that I attended the deceased from Nov 20, 19, to, 19, that I last saw her alive on Nov. 30, 19 42 and that death occurred on the date and hour stated above.

Immediate cause of death - Uremic Coma

Due to Chronic Nephritis

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.

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 W. A. Young (M. D. or other)

Address 2316 Market Date signed 12/2/42

(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 William Claude Gordon

Licensed Embalmer No. 9489

P. O. Address 2831 Easton Ave

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.