

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

THE STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No.

FILED FEB 24 1947
318

1003

1676

Registration District No.

Primary Registration District No.

Registrar's No.

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:
Enroute to Homer G. Phillips Hosp.
(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 Missouri (b) County.....
(c) City or town St. Louis
(If outside city or town limits, write "RURAL")
(d) Street No. 12a S. Ewing Ave.
(If rural, give location)
(e) Citizen of foreign country? No (Yes or No)
If yes, name country.....

3. (a) PRINT FULL NAME

Violet Young

3. (b) If veteran, name war..... 3. (c) Social Security No. 499-03-3644

4. Sex Female 5. Color or race Negro 6. (a) Single, widowed, married, divorced Widowed

6. (b) Name of husband or wife Luther Young 6. (c) Age of husband or wife if alive..... years

7. Birth date of deceased..... 6 17 1907
(Month) (Day) (Year)

8. AGE:	Years	Months	Days	If less than one day
	39	8	29	hr. min.

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

10. Usual occupation Maid

11. Industry or business Hotel

12. Name Levy Kinnon

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

14. Maiden name Estelle Clark

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

16. (a) Informant Estelle Kinnon

(b) Address 12a S. Ewing Ave.

17. (a) Burial (b) Date thereof 2/21/47
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Greenwood Cemetery

18. (a) Signature of funeral director Russell Und., Co.

(b) Address 2732 Pine Street

19. (a) FEB 18 1947 (b) H. Fredrick
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Feb. day 15th
year 1947 hour 11:38 minute P M.

21. I hereby certify that I attended the deceased from....., 19....., to....., 19.....;
that I last saw h..... alive on....., 19.....;
and that death occurred on the date and hour stated above.

Immediate cause of death.....
Cardiac Hypertrophy; Cardiac
Decompensation; Pericardial Effusion.

Due to.....

Due to.....

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

Major findings:
Of operations.....

Of autopsy.....

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?
.....

While at work..... (Specify type of place) (e) Means of injury.....

23. Signature Patrick T. Taylor (M. D. or other).....

Address 1300 Clark Ave. Date signed 2/18/47

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

MOTHER FATHER

Duration

PHYSICIAN

Underline the cause to which death should be charged statistically.

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.....

Clark Young

Licensed Embalmer No.....

3371

P. O. Address.....

St. Louis

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.