

No. 300
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P I 3906

FEDERAL SECURITY AGENCY
National Office of Vital Statistics
FILED DEC 14 1948

MISSOURI DIVISION OF HEALTH
STANDARD CERTIFICATE OF DEATH
1003

State File No. 38829
Registrar's No. 10611

Registration District No. 318

Primary Registration District No. 1003

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

1. PLACE OF DEATH:
(a) County.....
(b) City or town St. Louis, Mo
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: Barnes Hospital,
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution 22 days (Specify whether
In this community 20 years (Specify whether
years, months or days)

3. (a) PRINT FULL NAME Ida Lou Young
3. (b) If veteran, name war..... 3. (c) Social Security No.

4. Sex Female 5. Color or race Col. 6. (a) Single, widowed, married, divorced, Widowed
6. (b) Name of husband or wife..... 6. (c) Age of husband or wife if alive..... years
7. Birth date of deceased June 15, 1905
(Month) (Day) (Year)

8. AGE: Years Months Days If less than one day
43 5 20 hr. min.

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

10. Usual occupation Hosakeeper

11. Industry or business.....

12. Name Barney James

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

14. Maiden name Sylvia Gilliam

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

16. (a) Informant James Crawford
(b) Address 2945 Sheridan

17. (a) Burial (b) Date thereof Dec. 11, 1948
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Washington Park Cemetery

18. (a) Signature of funeral director Wright's Funeral Home
(b) Address 3100 Easton Ave.

19. (a) DEC 7 1948 (b) J. Blasath
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:
(a) State Missouri (b) County St. Louis
(c) City or town St. Louis
(If outside city or town limits, write "RURAL")
(d) Street No. 2945 Sheridan
(If rural, give location)
(e) Citizen of foreign country?..... (Yes or No)
If yes, name country.....

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Dec. day 5
year 1948 hour 1 minute 50 P. M.

21. I hereby certify that I attended the deceased from
Nov. 15, 1948 19 to Dec. 5, 1948 19
that I last saw her alive on Dec. 5, 1948 19
and that death occurred on the date and hour stated above.

Immediate cause of death..... Duration
Carcinoma of breast with metastasis
Due to.....
Due to..... 50

Other conditions Arteriosclerotic heart disease;
(Include pregnancy within 3 months of death)
hypochromic anemia, etiology un-
determined; diabetes. PHYSICIAN

Of autopsy None performed.
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?

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

23. Signature FR Bradley (M. D. under)
Address Barnes Hospital Date signed 12/6/48

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 *Arthur L. Heilliard*.....

Licensed Embalmer No. *4221*.....

P. O. Address. *4049 St Ferdinand*.....

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.