

FILED FEB 26 1949

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

State File No. 6861

318

1003

Registrar's No. 1490

BIRTH NO.		REG. DIST. NO.		PRIMARY REG. DIST. NO.		State File No. 6861		Registrar's No. 1490					
1. PLACE OF DEATH a. COUNTY				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE Missouri b. COUNTY 67									
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN St. Louis				c. LENGTH OF STAY (in this place) 3wks		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Crystal City							
d. FULL NAME OF HOSPITAL OR INSTITUTION: 4225 Race Course Ave.				d. STREET ADDRESS (If rural, give location) /									
3. NAME OF DECEASED (Type or Print) a. (First) Mary			b. (Middle) Estelle			c. (Last) Young			4. DATE OF DEATH (Month) (Day) (Year) 2 - 14 1949				
5. SEX Female		6. COLOR OR RACE White		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Widow		8. DATE OF BIRTH 1-12-1880		9. AGE (In years last birthday) 68-1-2		IF UNDER 1 YEAR Months Days		IF UNDER 24 HRS. Hours Min.	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) housework				10b. KIND OF BUSINESS OR INDUSTRY ---		11. BIRTHPLACE (State or foreign country) Crystal City Mo. U			12. CITIZEN OF WHAT COUNTRY U.S.A.				
13a. FATHER'S NAME Unavailable				13b. MOTHER'S MAIDEN NAME Martha Taylor				14. NAME OF HUSBAND OR WIFE Harry					
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) no				16. SOCIAL SECURITY NO. -		17. INFORMANT'S SIGNATURE OR NAME ADDRESS Nellie Dale 4225 Race Course							
18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c)  *This does not mean the mode of dying, such as heart failure, asthma, etc. It means the disease, injury, or complication which caused death.		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Myocarditis Chronic (b) Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. Due to (b) Chr Nephritis Hypertension (c) --- DUE TO (c) --- II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. Dropsy								INTERVAL BETWEEN ONSET AND DEATH			
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION none								20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>			
21a. ACCIDENT SUICIDE HOMICIDE (Specify)		21b. PLACE OF INJURY (e.g.: in or about home, farm, factory, street, office bldg., etc.)			21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)								
21d. TIME OF INJURY (Month) (Day) (Year) (Hour)		21e. INJURY OCCURRED WHILE AT <input type="checkbox"/> WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>			21f. HOW DID INJURY OCCUR?								
22. I hereby certify that I attended the deceased from Jan 12, 1949, to Feb 14, 1949, that I last saw the deceased alive on Feb 13, 1949 and that death occurred at 9:10 P.M., from the causes and on the date stated above.													
23a. SIGNATURE (Name or title) R. P. [Signature]				23b. ADDRESS 4356A Manchester				23c. DATE SIGNED 2-15-49					
24a. BURIAL, CREMATION, REMOVAL (Specify) BURIAL		24b. DATE 2-17-1949		24c. NAME OF CEMETERY OR CREMATORY New St. Marcus			24d. LOCATION (City, town, or county) (State) St. Louis County Mo						
DATE REC'D BY LOCAL REG. FEB 16 1949		REGISTRAR'S SIGNATURE J. B. [Signature]				25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS Rowland Mortuary Service 4104 Manchester Ave.							

(Licensed Embalmer's Statement on Reverse Side)

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

No. 300

10. 48

had 17 NKA

1490

**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.....

..... Student Embalmer No. ....

working under my personal supervision.

Signed.....

*Yau M. Sizemore*

Signed.....

Student Embalmer

Licensed Embalmer No. ....

*04343*

P. O. Address.....

*St. Louis Mo*

**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.