

FILED AUG 27 1949

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

State File No. 28704  
7093

BIRTH NO. _____		REG. DIST. NO. <b>318</b>		PRIMARY REG. DIST. <b>1003</b>		Registrar's No. _____	
1. PLACE OF DEATH a. COUNTY _____				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <b>Missouri</b> b. COUNTY _____			
b. CITY (If outside corporate limits, write RURAL and give town) <b>St. Louis</b>		c. LENGTH OF STAY (in this place) township) _____		c. CITY (If outside corporate limits, write RURAL and give township) <b>St. Louis</b>		d. STREET ADDRESS (If rural, give location) <b>5 5943 Oakhurst Place</b>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <b>5943 Oakhurst Place</b>							
3. NAME OF DECEASED a. (First) <b>Mary</b> (Type or Print)			b. (Middle) <b>Anna</b>		c. (Last) <b>Young</b>		4. DATE OF DEATH (Month) (Day) ((Year) <b>August 13, 1949</b>
5. SEX <b>Female</b>	6. COLOR OR RACE <b>White</b>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <b>Widowed</b>		8. DATE OF BIRTH <b>December 1, 1872</b>		9. AGE (In years last birthday) <b>76</b>	IF UNDER 1 YEAR Months _____ Days _____
IF UNDER 4 HRS. Hours _____ Min. _____	10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <b>Housewife</b>			10b. KIND OF BUSINESS OR INDUSTRY _____		11. BIRTHPLACE (State or foreign country) <b>Olin Iowa</b>	
12. CITIZEN OF WHAT COUNTRY? <b>America</b>			13a. FATHER'S NAME <b>William P. Gordon</b>		13b. MOTHER'S MAIDEN NAME <b>Mary Lawrence</b>		14. NAME OF HUSBAND OR WIFE <b>James L. Young</b>
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <b>No</b>		16. SOCIAL SECURITY NO. (If yes, give war or dates of service) <b>None</b>		17. INFORMANT'S SIGNATURE OR NAME ADDRESS <b>Mrs. Evelyn Miller, 5943 Oakhurst Pl.</b>			
18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c) <b>MEDICAL CERTIFICATION</b> I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <b>myocarditis + Endocarditis</b> INTERVAL BETWEEN ONSET AND DEATH _____ ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) _____ DUE TO (c) _____ II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. 19a. DATE OF OPERATION _____							
19b. MAJOR FINDINGS OF OPERATION _____		20. AUTOPSY? YES <input type="checkbox"/> A NO <input 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) <b>St. Louis Missouri</b>			
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) _____		21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21f. HOW DID INJURY OCCUR? <b>Heart</b>			
22. I hereby certify that I attended the deceased from _____, 1944, to <b>Aug 13, 1949</b> , that I last saw the deceased alive on <b>Aug 12, 1949</b> , and that death occurred at <b>2 A.</b> m., from the causes and on the date stated above.							
23a. SIGNATURE <b>Clifford E. Dunder</b>				23b. ADDRESS <b>7050 Dale Ave</b>		23c. DATE SIGNED <b>Aug 14 49</b>	
24a. BURIAL, CREMATION, REMOVAL (Specify) <b>Burial</b>		24b. DATE <b>Aug 15, 1949</b>		24c. NAME OF CEMETERY OR CREMATORY <b>Woodlawn Cemetery</b>		24d. LOCATION (City, town, or county) (State) <b>Independence Missouri</b>	
DATE REC'D BY LOCAL <b>AUG 15 1949</b>		REGISTRAR'S SIGNATURE <b>J. B. Foster</b>		25. FUNERAL DIRECTOR'S SIGNATURE <b>Shepard Funeral Hoem</b>		ADDRESS <b>1167 Hamilton Ave.</b>	

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

Evelyn Miller

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.

Student .....

Student Embalmer

Signed Elmo R. Padwell

Licensed Embalmer No. 4077

P. O. Address \_\_\_\_\_

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.