

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

FILED NOV 10 1949

State File No. 35725  
Registrar's No. 9453

BIRTH NO. \_\_\_\_\_ REG. DIST. NO. 318 PRIMARY REG. DIST. NO. 1003

1. PLACE OF DEATH a. COUNTY		2. USUAL RESIDENCE (Where deceased lived. If Institution: residence before admission) a. STATE: Missouri b. COUNTY	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN ST LOUIS	c. LENGTH OF STAY (in this place)	c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN St Louis	
d. FULL NAME OF HOSPITAL OR INSTITUTION 1324 Glasgow Ave.		d. STREET ADDRESS (If rural, give location) 21 - 1324 Glasgow Ave	

3. NAME OF DECEASED (Type or Print) a. (First) GRACIE	b. (Middle)	c. (Last) YOUNGE	4. DATE OF DEATH (Month) (Day) (Year) 10 - 29 - 1949
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5. SEX Female	6. COLOR OR RACE Col.	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) WIDOW 2	8. DATE OF BIRTH 12-22-1907	9. AGE (In years last birthday) 47	IF UNDER 1 YEAR Month Days	IF UNDER 24 HRS. Hours Min.
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10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Domestic	10b. KIND OF BUSINESS OR INDUSTRY None	11. BIRTHPLACE (State or foreign country) Goodman, Mo, Miss;	12. CITIZEN OF WHAT COUNTRY? U.S.A
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13a. FATHER'S NAME Houston Osley	13b. MOTHER'S MAIDEN NAME Rebecca Grant	14. NAME OF HUSBAND OR WIFE Widow
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15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) None	16. SOCIAL SECURITY NO. 300-05-0894	17. INFORMANT'S SIGNATURE OR NAME Evelyn Evans	ADDRESS 1324 Glasgow Ave
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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, asthenia, etc. It means the disease, injury, or complication which caused death.	MEDICAL CERTIFICATION		INTERVAL BETWEEN ONSET AND DEATH
	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Crown of Ulcers</u>		
	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"/> NO <input checked="" type="checkbox"/>
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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) 486
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21d. TIME OF INJURY (Month) (Day) (Year) (Hour) (Minute)	21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	21f. HOW DID INJURY OCCUR? 172X
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22. I hereby certify that I attended the deceased from Oct. 16, 1949, to Oct. 29, 1949 that I last saw the deceased alive on Oct. 29, 1949, and that death occurred at 3:15 a.m., from the causes and on the date stated above.

23a. SIGNATURE <u>J. Young</u>	(Degree or title) M.D.	23b. ADDRESS 1015 <sup>th</sup> N. Glasgow	23c. DATE SIGNED 11-1-49
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24a. BURIAL, CREMATION, REMOVAL (Specify)	24b. DATE 11-3-49	24c. NAME OF CEMETERY OR CREMATORY Washington Park	24d. LOCATION (City, town, or county) (State) St Louis Co, Mo.
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DATE REC'D BY LOCAL REG. Nov 2 1949	REGISTRAR'S SIGNATURE <u>J. B. Pasater</u>	25. FUNERAL DIRECTOR'S SIGNATURE Ellis Fun, Home	ADDRESS 2820 Stoddard St
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WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

Dr. 9187

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.....

.....  
working under my personal supervision.

Student Embalmer No.....

Signed Lester E. Culkin

Signed.....  
Student Embalmer

Licensed Embalmer No 4198

P. O. Address Thermon B. 77

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.