

FILED AUG 5 1950

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

State File No. 25701

BIRTH NO.		REG. DIST. NO. 117		PRIMARY REG. DIST. NO. 6076		Registrar's No. 1767	
1. PLACE OF DEATH a. COUNTY <b>St Louis</b>				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before education) a. STATE <b>Mo</b> b. COUNTY <b>St Louis</b>			
b. CITY (If outside corporate limits, write RURAL and give township) <b>Rural</b>		c. LENGTH OF STAY (in this place township) <b>22 days</b>		c. CITY (If outside corporate limits, write RURAL and give township) <b>St. Louis</b>		2219	
d. FULL NAME OF HOSPITAL OR INSTITUTION <b>Robert Koch Hospital</b>				d. STREET ADDRESS (If rural, give location) <b>3146 Pine</b>			
3. NAME OF DECEASED (Type or Print) a. (First) <b>Joseph</b>		b. (Middle) <b>—</b>		c. (Last) <b>Young</b>		4. DATE OF DEATH (Month) (Day) (Year) <b>7 18 1950</b>	
5. SEX <b>M</b>		6. COLOR OR RACE <b>Negro</b>		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <b>Never married //</b>		8. DATE OF BIRTH <b>6-25-05</b>	
9. AGE (In years last birthday) <b>45 yrs</b>		10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <b>Laborer</b>		10b. KIND OF BUSINESS OR INDUSTRY <b>Unknown</b>		11. BIRTHPLACE (State or foreign country) <b>Arkansas</b>	
12. CITIZEN OF WHAT COUNTRY? <b>U. S. A.</b>		13a. FATHER'S NAME <b>Henry Young</b>		13b. MOTHER'S MAIDEN NAME <b>Ethna Johnson</b>		14. NAME OF HUSBAND OR WIFE <b>None</b>	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <b>No</b>		16. SOCIAL SECURITY NO. <b>489-12-9312</b>		17. INFORMANT'S SIGNATURE OR NAME ADDRESS <b>Record of Robert Koch Hospital</b>			
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, asphyxia, etc. It means the disease, injury, or complication which caused death.		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <b>Pulmonary Hemorrhage</b>  ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <b>Pulmonary Tuberculosis</b> DUE TO (c)  II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. <b>None</b>				INTERVAL BETWEEN ONSET AND DEATH <b>10 minutes</b>  <b>4 months</b>  <b>002X</b>	
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION <b>002X</b>				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 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 <b>6-27</b> , 1950, to <b>7-18</b> , 1950, that I last saw the deceased alive on <b>7-18</b> , 1950, and that death occurred at <b>11:35 P m.</b> , from the causes and on the date stated above.							
23a. SIGNATURE (Degree or title) <b>DR. Wm. Wimer / DR. R.F. Huch</b>				23b. ADDRESS		23c. DATE SIGNED	
24a. BURIAL, CREMATION, REMOVAL (Specify) <b>Burial</b>		24b. DATE <b>7/24/50</b>		24c. NAME OF CEMETERY OR CREMATORY <b>Washington Park Cemetery</b>		24d. LOCATION (City, town, or county) (State) <b>St. Louis, Missouri</b>	
DATE REC'D BY LOCAL REG. <b>7-22-50</b>		REGISTRAR'S SIGNATURE <b>Herbert R. Alonke</b>		25. FUNERAL DIRECTOR'S SIGNATURE <b>Charles J. Gates</b>		ADDRESS <b>4107 Finney Avenue</b>	

**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

*John R. Cunningham*

Licensed Embalmer No. 44576

P. O. Address 4707 Jimmy

**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.