

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

FILED DEC 18 1950

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State File No. 43055
Registrar's No. 10268

BIRTH NO.		REG. DIST. NO.		PRIMARY REG. DIST. NO.		Registrar's No.		
1. PLACE OF DEATH a. COUNTY <u>0</u>				2. USUAL RESIDENCE (Where deceased lived. If institution, institution before admission) a. STATE <u>Mo.</u> b. COUNTY <u>2299</u>				
b. CITY OR TOWN <u>St. Louis</u>		c. LENGTH OF STAY (in this place)		c. CITY OR TOWN <u>St. Louis</u>		d. STREET ADDRESS (If rural, give location) <u>2244 Randolph Street</u>		
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>St. Mary's Inf.</u>				d. STREET ADDRESS (If rural, give location)				
3. NAME OF DECEASED (Type or Print) a. (First) <u>Clinton</u>			b. (Middle)		c. (Last) <u>Young</u>		4. DATE OF DEATH (Month) (Day) (Year) <u>11/30/1950</u>	
5. SEX <u>Male</u>	6. COLOR OR RACE <u>Negro</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED, <u>Married</u> (Specify)		8. DATE OF BIRTH <u>Sept. II, 1911</u>	9. AGE (In years last birthday) <u>39</u>		10. IF UNDER 1 YEAR Months Days Hours Mins.	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Laborer</u>		10b. KIND OF BUSINESS OR INDUSTRY <u>Laclede Christy</u>		11. BIRTHPLACE (State or foreign country) <u>Mississippi</u>		12. CITIZEN OF WHAT COUNTRY? <u>U.S.A.</u>		
13a. FATHER'S NAME <u>Sam Young</u>			13b. MOTHER'S MAIDEN NAME <u>Maud Spiller</u>		14. NAME OF HUSBAND OR WIFE <u>Grace Mae Young</u>			
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes or no) <u>No.</u>		16. SOCIAL SECURITY NO. <u>426-14-5008</u>		17. INFORMANT'S SIGNATURE OR NAME ADDRESS <u>Grace Mae Young, 2244 Randolph, St.</u>				
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 I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Acute Pancreatitis</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.					INTERVAL BETWEEN ONSET AND DEATH <u>11-29-50</u>	
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION					20. AUTOPSY? YES <input type="checkbox"/> 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)				
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) (Min)		21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21f. HOW DID INJURY OCCUR? <u>587.0</u>				
22. I hereby certify that I attended the deceased from <u>11-29-1950</u> to <u>11-30-1950</u> , that I last saw the deceased alive on <u>11-30-1950</u> , and that death occurred at <u>11:30 P.M.</u> , from the causes and on the date stated above.								
23a. SIGNATURE (Degree or title) <u>R. Sheppard, M.D.</u>				23b. ADDRESS <u>2702a Franklin</u>		23c. DATE SIGNED <u>12-1-50</u>		
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Removal</u>		24b. DATE <u>5/12/3/1950</u>		24c. NAME OF CEMETERY OR CREMATORY <u>Port Gibson</u>		24d. LOCATION (City, town, or county) (State) <u>Mississippi</u>		
DATE REC'D BY LOCAL REG. <u>DEC 2 1950</u>		REGISTRAR'S SIGNATURE <u>R. Sheppard</u>			25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS <u>Peoples Und. Co. 3100 Franklin Av.</u>			

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

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

H. Claude Gordon

Licensed Embalmer No. 3489

P. O. Address 4575 Aldine

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.