

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

26518

State File No. \_\_\_\_\_

BIRTH NO. \_\_\_\_\_ REG. DIST. NO. **318** PRIMARY REG. DIST. NO. **1003** Registrar's No. **6846**

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 township) OR TOWN <b>St. Louis</b> <i>0</i>		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <b>St. Louis</b> <i>0</i>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <b>Depaul Hospital</b>		d. STREET ADDRESS (If rural, give location) <b>5311 N. Union</b>	

3. NAME OF DECEASED (Type or Print)	a. (First) <b>Olivia</b>	b. (Middle) <b>Marie</b>	c. (Last) <b>Young</b>	4. DATE OF DEATH (Month) (Day) (Year) <b>July 12 1952</b>
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5. SEX <b>Female</b>	6. COLOR OR RACE <b>White</b>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <b>Married</b>	8. DATE OF BIRTH <b>Aug 27 1898</b>	9. AGE (In years last birthday) <b>53</b>	IF UNDER 1 YEAR Months _____ Days _____	IF UNDER 1 YEAR Hours _____ Min. _____
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10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <b>House wife</b>	10b. KIND OF BUSINESS OR INDUSTRY _____	11. BIRTHPLACE (State or foreign country) <b>St. Louis Mo.</b> <i>0</i>	12. CITIZEN OF WHAT COUNTRY? _____
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13a. FATHER'S NAME <b>Charles Lautner</b>	13b. MOTHER'S MAIDEN NAME <b>Emma Hammer</b>	14. NAME OF HUSBAND OR WIFE <b>Edward Young</b>
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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) _____	16. SOCIAL SECURITY NO. _____	17. INFORMANT'S SIGNATURE OR NAME <b>Edward Young</b> ADDRESS <b>5311 N. Union</b>
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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>7</i>
	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <b>Cancer of Uterus causing hemorrhages</b>		
	II. OTHER SIGNIFICANT CONDITIONS <b>Extensive metastases</b>		
ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.  DUE TO (b) _____  DUE TO (c) _____			

19a. DATE OF OPERATION <b>6-3-52</b>	19b. MAJOR FINDINGS OF OPERATION <b>Cancer of Uterus c metastases</b>	20. AUTOPSY? YES <input checked="" type="checkbox"/> NO <input 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) _____
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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>174X</b>
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22. I hereby certify that I attended the deceased from **6-3-1952** to **7-12-1952** that I last saw the deceased alive on **7-12-1952** and that death occurred at **2:45P m.** from the causes and on the date stated above.

23a. SIGNATURE <b>W. W. Chumacher M.D.</b> (Degree or title)	23b. ADDRESS <b>4952 Maryland - F.</b>	23c. DATE SIGNED <b>7-15-52</b>
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24a. BURIAL, CREMATION, REMOVAL (Specify) <b>Removal</b>	24b. DATE <b>7/16/52</b>	24c. NAME OF CEMETERY OR CREMATORY <b>S.S. Peter &amp; Paul</b>	24d. LOCATION (City, town, or county) (State) <b>St. Louis Mo.</b>
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DATE REC'D BY LOCAL REG. <b>JUL 15 1952</b>	REGISTRAR'S SIGNATURE <b>J. Carl Smith M.D.</b>	25. FUNERAL DIRECTOR'S SIGNATURE <b>Wm. Chumacher</b> ADDRESS <b>3013 Meramec</b>
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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 *W E Morris*.....

Licensed Embalmer No. *3360*.....

P. O. Address *St Louis*.....

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.