

STANDARD CERTIFICATE OF DEATH

State File No. **26697**

DECEASED AUG 1 1952

BIRTH NO. _____ REG. DIST. NO. **317** PRIMARY REG. DIST. NO. **590** Registrar's No. **2020**

1. PLACE OF DEATH
a. COUNTY **St. Louis**

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE **Missouri** b. COUNTY **St. Louis**

b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN **VALLEY PARK** c. LENGTH OF STAY (In this place) **10 Years**

c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN **Rt # 2 Valley Park #760**

d. FULL NAME OF HOSPITAL OR INSTITUTION **Rt #2 Valley Park**

d. STREET ADDRESS (If rural, give location) **Summit Drive 0**

3. NAME OF DECEASED
a. (First) **Julia** b. (Middle) **A.** c. (Last) **Young**

4. DATE OF DEATH (Month) (Day) (Year)
July 28 1952

5. SEX **Female**

6. COLOR OR RACE **White**

7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) **Widowed**

8. DATE OF BIRTH **Aug 5 1858**

9. AGE (In years last birthday) **93** IF UNDER 1 YEAR Months **11** Days **23** IF UNDER 12 HRS. Hours **0** Min. **0**

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) **Housewife**

10b. KIND OF BUSINESS OR INDUSTRY **OWN Home**

11. BIRTHPLACE (State or foreign country) **St. Louis County Mo. 0**

12. CITIZEN OF WHAT COUNTRY? **America**

13a. FATHER'S NAME **Felix G. Dunnivant**

13b. MOTHER'S MAIDEN NAME **Mary S. Anderson**

14. NAME OF HUSBAND OR WIFE **George W. Young**

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) **no**

(If yes, give war or dates of service)

16. SOCIAL SECURITY NO. **None**

17. INFORMANT'S SIGNATURE OR NAME ADDRESS **Edith Y. Robinson Rt #2 Valley Park**

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) **Cerebral Embolism**
ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b) **Fracture neck of left femur. E9049**
DUE TO (c) **Generalized Arterio-sclerosis**
II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

INTERVAL BETWEEN ONSET AND DEATH
29 hrs
1 week

19a. DATE OF OPERATION

19b. MAJOR FINDINGS OF OPERATION

20. AUTOPSY?
YES NO

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)
480

21d. TIME OF INJURY (Month) (Day) (Year) (Hour)

21e. INJURY OCCURRED WHILE AT NOT WHILE AT WORK

21f. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from **Oct**, 1951, to **7/27, 1952**, that I last saw the deceased alive on **7/27, 1952**, and that death occurred at _____ m., from the causes and on the date stated above.

23a. SIGNATURE (Degree or title) **Blank Huck MD**

23b. ADDRESS **Fenton, Mo**

23c. DATE SIGNED **7/28/52**

24a. BURIAL, CREMATION, REMOVAL (Specify) **Burial**

24b. DATE **7-30-52**

24c. NAME OF CEMETERY OR CREMATORY **Park Hill Cemetery**

24d. LOCATION (City, town, or county) (State) **Sappington Mo.**

DATE REC'D BY LOCAL REG. **7-28-52**

REGISTRAR'S SIGNATURE **Herbert G. Domb M.D.**

25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS **Meyer-Pfitzinger Fenton Mo.**

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 _____

William H. Fitzmaurice

Licensed Embalmer No. _____

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P. O. Address _____

Kirkwood, Mo

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.