

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

30219

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

FILED AUG 15 1952

BIRTH NO. \_\_\_\_\_ REG. DIST. NO. **318** PRIMARY REG. DIST. NO. **1002** Registrar's No. **7328**

1. PLACE OF DEATH a. COUNTY		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE		b. COUNTY	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <b>St Louis mo</b>		c. LENGTH OF STAY (in this place)		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <b>St Louis mo</b>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <b>4552 Enright</b>		d. STREET ADDRESS (If rural, give location) <b>12 4552 Enright ave</b>			
3. NAME OF DECEASED (Type or Print) a. (First) <b>Learlean</b>		b. (Middle)		c. (Last) <b>Young</b>	
4. DATE OF DEATH (Month) (Day) (Year) <b>July 26, 1952</b>		5. SEX <b>Female</b>		6. COLOR OR RACE <b>Cold</b>	
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify)		8. DATE OF BIRTH <b>Oct 1, 1894</b>		9. AGE (In years last birthday) Months Days Hours Min. <b>57 9 25</b>	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <b>Housekeeper</b>		10b. KIND OF BUSINESS OR INDUSTRY		11. BIRTHPLACE (State or foreign country) <b>Decatur Ala</b>	
12. CITIZEN OF WHAT COUNTRY? <b>U.S.A.</b>		13a. FATHER'S NAME <b>William Murphy</b>		13b. MOTHER'S MAIDEN NAME <b>Julia Finley</b>	
14. NAME OF HUSBAND OR WIFE		15. WAS DECEASED EVER IN U.S. ARMED FORCES (Yes, no, or unknown) (If yes give war or date of service)		16. SOCIAL SECURITY NO.	
17. INFORMANT'S SIGNATURE OR NAME <b>Julian M. London</b>		ADDRESS <b>4552 Enright</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, asthenia, etc. It means the disease, injury, or complication which caused death.		I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* <b>Hypertensive Heart Disease</b>		INTERVAL BETWEEN ONSET AND DEATH <b>2 yr</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)		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 <b>none</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? <b>443X</b>	

22. I hereby certify that I attended the deceased from **26 July, 1952** to **death, 1952** that I last saw the deceased alive on **26 July, 1952** and that death occurred at **3:30 p.m.**, from the causes and on the date stated above.

23a. SIGNATURE (Degree or title) <b>A. Earl Smith, M.D.</b>		23b. ADDRESS <b>47307 pag</b>		23c. DATE SIGNED <b>30 July 52</b>	
24a. BURIAL, CREMATION, REMOVAL <b>REMOVAL</b>		24b. DATE <b>7-30-52</b>		24c. NAME OF CEMETERY OR CREMATORY <b>Decatur Ala</b>	
24d. LOCATION (City, town, or county) (State) <b>Decatur Ala.</b>					

DATE REC'D BY LOCAL REG. <b>JUL 31 1952</b>		REGISTRAR'S SIGNATURE <b>J. Earl Smith, M.D.</b>		25. FUNERAL DIRECTOR'S SIGNATURE <b>A. L. Beal</b>	
				ADDRESS <b>443036</b>	

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

882  
7 P.M.

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 Leroy W. Sannister

Licensed Embalmer No. 4523

P. O. Address 3880 Easton Av

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.

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