No. 300
10.48

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

FILED NOV 13 1952

# THE DIVISION OF HEALTH OF MISSOURI
# STANDARD CERTIFICATE OF DEATH

State File No. 37035

BIRTH NO. _____ REG. DIST. NO. 318 PRIMARY REG. DIST. NO. 1003 Registrar's No. 9719

**1. PLACE OF DEATH**
a. COUNTY
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): St. Louis
c. LENGTH OF STAY (in this place)
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): Homer G Phillips Hospital

**2. USUAL RESIDENCE** (Where deceased lived. If institution: residence before admission).
a. STATE: Missouri
b. COUNTY
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): St. Louis
d. STREET ADDRESS (If rural, give location): 2413 N. Newstead

2119

**3. NAME OF DECEASED** (Type or Print)
a. (First): William
b. (Middle): Anderson
c. (Last): Young

**4. DATE OF DEATH** (Month) (Day) (Year): Oct. 18 1952

**5. SEX**: Male
**6. COLOR OR RACE**: Colored
**7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED** (Specify): /
**8. DATE OF BIRTH**: May 3, 1877
**9. AGE** (In years last birthday): 75 — If under 1 year: Months, Days; If under 24 hrs.: Hours, Min.

**10a. USUAL OCCUPATION** (Give kind of work done during most of working life, even if retired): Laborer
**10b. KIND OF BUSINESS OR INDUSTRY**: /
**11. BIRTHPLACE** (City and State or Foreign Country): Ky
**12. CITIZEN OF WHAT COUNTRY?**

**13a. FATHER'S NAME**: Unknown
**13b. MOTHER'S MAIDEN NAME**: Unknown
**14. NAME OF HUSBAND OR WIFE**: Susie Young

**15. WAS DECEASED EVER IN U.S. ARMED FORCES?** (Yes, no, or unknown): No — (If yes, give war or dates of service): No
**16. SOCIAL SECURITY NO.**: 486 18 0614
**17. INFORMANT'S SIGNATURE OR NAME**: Mrs Susie Young — ADDRESS: 2413 N. Newstead Ave

**18. CAUSE OF DEATH** — MEDICAL CERTIFICATION

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* (a): Congestive Heart Failure — INTERVAL BETWEEN ONSET AND DEATH: Undet.

ANTECEDENT CAUSES

*Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.*

DUE TO (b): Hypertensive Heart Disease

DUE TO (c):

II. OTHER SIGNIFICANT CONDITIONS

*Conditions contributing to the death but not related to the disease or condition causing death.*: None

**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)
**21d. TIME OF INJURY** (Month) (Day) (Year) (Hour) m.
**21e. INJURY OCCURRED** WHILE AT WORK ☐ NOT WHILE AT WORK ☐
**21f. HOW DID INJURY OCCUR?**

443X

22. *I hereby certify that I attended the deceased from* 10-8, 19 52 *to* 10-18, 19 52, *that I last saw the deceased alive on* 10-18, 19 52 *and that death occurred at* 4:14 P.m., *from the causes and on the date stated above.*

**23a. SIGNATURE** (Degree or title): Charles P. Yardley M. D.
**23b. ADDRESS**: 2601 N Whittier St
**23c. DATE SIGNED**: 10-21-52

**24a. BURIAL, CREMATION, REMOVAL** (Specify): 0
**24b. DATE**: 10/23/52
**24c. NAME OF CEMETERY OR CREMATORY**: Oak dale
**24d. LOCATION** (City, town, or county) (State): County Mo

**DATE REC'D BY LOCAL REG.**: OCT 2 2 1952
**REGISTRAR'S SIGNATURE**: J Carl Smith MD
MJB
**25. FUNERAL DIRECTOR'S SIGNATURE**: Herman J. Smith — ADDRESS: 4247 W Labadie Ave

(Licensed Embalmer's Statement on Reverse Side)

## 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 .....

Licensed Embalmer No. .....

P. O. Address .....

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.