

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. **8106**
Registrar's No. **1320**

FILED FEB 25 1953
61160

BIRTH NO. _____ REG. DIST. NO. **318** PRIMARY REG. DIST. NO. **1003**

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

1. PLACE OF DEATH a. COUNTY		2. USUAL RESIDENCE (Where deceased lived: If institution: residence before admission)	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN St. Louis		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN St. Louis	
c. LENGTH OF STAY (In this place) 15 days		d. STREET ADDRESS (If rural, give location) 20 2742 Madison	
d. FULL NAME OF HOSPITAL OR INSTITUTION Walter G. Phillips			
3. NAME OF DECEASED (Type or Print)		4. DATE OF DEATH	
a. (First) Larry		b. (Middle) Young	
c. (Last) Young		5. DATE (Month) (Day) (Year) 1 31 53	
5. SEX Male	6. COLOR OR RACE Negro	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify)	8. DATE OF BIRTH 1-16-53
9. AGE (In years last birthday)		10. AGE (In years last birthday)	
2		15	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)		10b. KIND OF BUSINESS OR INDUSTRY	
no		none	
11. BIRTHPLACE (City and State or Foreign Country)		12. CITIZEN OF WHAT COUNTRY?	
Missouri, St. Louis		USA	
13a. FATHER'S NAME		13b. MOTHER'S MAIDEN NAME	
Bruce Young		Albertine Wilson	
14. NAME OF HUSBAND OR WIFE		none	
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.	
no		none	
17. INFORMANT SIGNATURE OR NAME		ADDRESS	
Walter M. Shedd, Sr.		2601 N. Whittier	
18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c)			INTERVAL BETWEEN ONSET AND DEATH
1. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Premature birth			
*This does not mean the mode of dying, such as heart failure, asthma, etc. It means the disease, injury, or complication which caused death.			
2. 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	
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	
		776X	
22. I hereby certify that I attended the deceased from 1-16- 19 53 to 1-31- 19 53 that I last saw the deceased alive on 1-31- 19 53 , and that death occurred at 9:30a m., from the causes and on the date stated above.			
23a. SIGNATURE (Degree or title)		23b. ADDRESS	
W. M. Shedd, Sr.		M. D., 2601 N. Whittier	
23c. DATE SIGNED			
2-2-53			
24a. BURIAL, CREMATION, REMOVAL (Specify)	24b. DATE	24c. NAME OF CEMETERY OR CREMATORY	24d. LOCATION (City, town, or county) (State)
Removal	2-5-53	Greenwood Cemetery	St. Louis, County, Missouri
DATE REC'D BY LOCAL REG.		REGISTRAR'S SIGNATURE	
FEB 4 1953		J. Carl Smith, M.D.	
		25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS	
		Ellis Funeral Home, Inc. 2820 Stoddard St.	

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 Harold E. Culkin

Licensed Embalmer No. 4198

P. O. Address 137m

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.