S. No. 300
. 10-48

FILED APR 4 1953

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 12568

BIRTH NO. _____ REG. DIST. NO. 318 PRIMARY REG. DIST. NO. 1003 Registrar's No. 3216

1. PLACE OF DEATH
a. COUNTY

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE Mo. b. COUNTY

b. CITY OR TOWN (If outside corporate limits, write RURAL and give township) St. Louis
c. LENGTH OF STAY (In this place) 20 yrs.

c. CITY OR TOWN (If outside corporate limits, write RURAL and give township) St. Louis 2239

d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location) 319 Lafayette

d. STREET ADDRESS (If rural, give location) 23 319 Lafayette 0

3. NAME OF DECEASED (Type or Print) a. (First) LOUIE b. (Middle) (AKA LOUIS) c. (Last) YOUNG

4. DATE OF DEATH (Month) (Day) (Year) Mar. 25, 1953

5. SEX Male 0
6. COLOR OR RACE White
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Married
8. DATE OF BIRTH ~~unk~~ May 6 1906
9. AGE (In years last birthday) ~~ab 48~~ 46 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 Manf.
11. BIRTHPLACE (City and State or Foreign Country) Hasting, Neb.
12. CITIZEN OF WHAT COUNTRY? USA

13a. FATHER'S NAME John Young
13b. MOTHER'S MAIDEN NAME Daisy Crabtree
14. NAME OF HUSBAND OR WIFE Delia

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. Unk.
17. INFORMANT'S SIGNATURE OR NAME ADDRESS Mrs. Delia Young 319 Lafayette

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

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Interstatial nephritis.

ANTECEDENT CAUSES

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

DUE TO (b) Uremia.

DUE TO (c)

II. OTHER SIGNIFICANT CONDITIONS

Conditions contributing to the death but not related to the disease or condition causing death. Hypertension.

INTERVAL BETWEEN ONSET AND DEATH ?

19a. DATE OF OPERATION
19b. MAJOR FINDINGS OF OPERATION No surgery done.
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? 593X

22. *I hereby certify that I attended the deceased from* Mar. 6, 1953, *to* Mar. 14, 1953, *that I last saw the deceased* about ten days ago *alive on* _____, 1953, *and that death occurred at* 1A. *m., from the causes and on the date stated above.*

23a. SIGNATURE (Degree or title) [signature] M.D.
23b. ADDRESS 4930 Lindell Blvd. St. Louis, Mo.
23c. DATE SIGNED 3-25-53

24a. BURIAL, CREMATION, REMOVAL (Specify) Removal
24b. DATE 3/28/53
24c. NAME OF CEMETERY OR CREMATORY Mt. Hope
24d. LOCATION (City, town, or county) (State) St. Louis County Mo.

DATE REC'D BY LOCAL REG. MAR 25 1953
REGISTRAR'S SIGNATURE J. Carl Smith MD
25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS Berger Memorial 4715 McPherson

(Licensed Embalmer's Statement on Reverse Side)

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 _____

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.

THE STATE BOARD OF HEALTH OF MISSOURI
BUREAU OF VITAL STATISTICS

State of Missouri } ss.
~~County~~ City of St. Louis }

State File No. 12568-53
Local Registrar's No. 3216

AFFIDAVIT FOR CORRECTION OF A RECORD

On this 2nd day of April, 1953, before me appears Marvin A. Stein, who, upon his oath, states that the original record of ~~birth~~ death for Louie Young, died ~~born~~ March 25, 1953, in the State of Missouri, and which was filed at St. Louis Mo. on 3/27, 1953, should be corrected as follows:

Item No. 8 should read May 6, 1906
Instead of Unknown

Item No. 9 should read 46
Instead of About 48

Item No. ..... should read .....
Instead of .....

Item No. ..... should read .....
Instead of .....

Item No. ..... should read .....
Instead of .....

Item No. ..... should read .....
Instead of .....

Item No. ..... should read .....
Instead of .....

Item No. ..... should read .....
Instead of .....

The above is true to the best of my knowledge, information and belief.

(SEAL)

Affiant Berger Memorial Funeral Relationship

by Marvin A. Stein 4715 McPherson
Present Address.

Subscribed and sworn to before me this 2nd day of April, 1953

My Commission expires Aug. 1, 1956 Louis J. Fuding Notary Public.

Affidavits containing erasures will not be accepted; draw one line through error and write above it.

rm V. S. 135
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I X37817

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