

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

30707

State File No. _____

XC-2 368 759
Reg.# 111430
BIRTH NO. FILED AUG 25 1953

REG. DIST. NO. 317 PRIMARY REG. DIST. NO. 500 Registrar's No. 3177

1. PLACE OF DEATH a. COUNTY ST. LOUIS		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE MISSOURI b. COUNTY _____	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN JEFFERSON BARRACKS, MO.		c. LENGTH OF STAY (in this place) 52 days	d. Is Residence within limits of a city or incorporated town? Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
d. FULL NAME OF (If not in hospital or institution, give street address or location) HOSPITAL OR INSTITUTION VETERANS ADMINISTRATION HOSP.		e. STREET ADDRESS (If rural, give location) 5930 Thekla Avenue	

3. NAME OF DECEASED (Type or Print) a. (First) DANFORD b. (Middle) E c. (Last) YOUNG			4. DATE OF DEATH (Month) (Day) (Year) 8-6-53		
5. SEX MALE	6. COLOR OR RACE WHITE	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) MARRIED	8. DATE OF BIRTH 12-19-1878	9. AGE (In years last birthday) 74	IF UNDER 1 YEAR Months _____ Days _____
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) CARPENTER		10b. KIND OF BUSINESS OR INDUSTRY CARPENTER	11. BIRTHPLACE (City and State or Foreign Country) NEW ALBANY, INDIANA		12. CITIZEN OF WHAT COUNTRY? USA

13a. FATHER'S NAME JOHN YOUNG		13b. MOTHER'S MAIDEN NAME MARTHA SNYDER		14. NAME OF HUSBAND OR WIFE ANNA YOUNG	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, state unknown) (If yes, give year or dates of service) YES SPAW		16. SOCIAL SECURITY NO. 497 10 1126		17. INFORMANT'S SIGNATURE OR NAME ADDRESS Mrs. Anna Young, 5930 Thekla Ave.	

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, asthma, etc. It means the disease, injury, or complication which caused death.		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) CARCINOMA OF UPPER LOBE LEFT LUNG WITH METASTASES TO LEFT ADRENAL AND SPLEEN 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. ARTERIOSCLEROTIC HEART DISEASE			INTERVAL BETWEEN ONSET AND DEATH UNKNOWN
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19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION		20. AUTOPSY? YES <input checked="" type="checkbox"/> NO <input 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) m.		21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21f. HOW DID INJURY OCCUR?	

22. I hereby certify that I attended the deceased from **6-15-53**, 19____, to **8-6-53**, 19____, that I had seen the deceased ~~XXXXX~~ **3:15 P m.**, and that death occurred at **3:15 P m.**, from the causes and on the date stated above.

22a. SIGNATURE William J. Wilborn (Degree or title) M.D.		23b. ADDRESS VA HOSP., JEFF. BRKS., MO.		23c. DATE SIGNED	
24a. BURIAL OR CREMATION (Specify)		24b. DATE 8-10-1953		24c. NAME OF CEMETERY OR CREMATORY Memorial Park Cemetery	
24d. LOCATION (City, town, or county) (State) Normandy, Mo.					

DATE REC'D BY LOCAL REG. 8-7-53		REGISTRAR'S SIGNATURE Harbert R. Dombrowski		25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS Math Hermann & Son Inc. 2161 E. Fair Ave.	
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(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.....
Signature of Student Embalmer

Signed.....
Walter G. Burns

Licensed Embalmer No. 420

P. O. Address St. Louis

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 embalmed by a STUDENT, he also shall sign in his OWN handwriting.
If this body is not embalmed, fact should be so stated above.