

## STANDARD CERTIFICATE OF DEATH

37731

State File No. ....

FILED OCT 30 1953

REG. DIST. NO. 318 PRIMARY REG. DIST. NO. 1003

Registrar's No. 10020

1. PLACE OF DEATH a. COUNTY		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) St. Louis, Mo.		c. CITY OR TOWN St. Louis, Mo.	d. Is Residence within limits of a city or incorporated town? Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
c. LENGTH OF STAY (in this place)		e. STREET ADDRESS (If rural, give location) 25 # 9 No. 9th St. 2259	
d. FULL NAME OF HOSPITAL OR INSTITUTION Enroute City Hospital.			
3. NAME OF DECEASED (Type or Print) James		a. (First)	b. (Middle) Young Jr.
c. (Last) Young Jr.		4. DATE OF DEATH (Month) (Day) (Year) Oct. 16, 1953.	
5. SEX Male	6. COLOR OR RACE White	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Divorced	8. DATE OF BIRTH Feb. 15, 1877.
9. AGE (In years last birthday) Months Days Hours Min. 76..		10. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Retired	
11. BIRTHPLACE (City and State or Foreign Country) Scissors Grinder Lenoxberg, Kentucky,		12. CITIZEN OF WHAT COUNTRY? U.S.A.	
13a. FATHER'S NAME James Young Sr.		13b. MOTHER'S MAIDEN NAME Maratha Poe	
14. NAME OF HUSBAND OR WIFE Frances Young.			
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) Yes Span. America		16. SOCIAL SECURITY NO. Unknown.	
17. INFORMANT'S SIGNATURE OR NAME Winfield S. Young,		ADDRESS 4725 Washington.	
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) <u>General Peritonitis</u> caused by <u>Misenteris</u> ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <u>Thrombosis</u> 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 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) (Min.)		21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	
21f. HOW DID INJURY OCCUR? 5702			
22. I hereby certify that I attended the deceased from _____, 19____, to _____, 19____, that I last saw the deceased alive on _____, 19____, and that death occurred at <u>605A</u> m., from the causes and on the date stated above.			
23a. SIGNATURE <u>Gatrick E. Taylor Coroner</u>		23b. ADDRESS 1300 Clark	
23c. DATE SIGNED 10 20 53			
24a. BURIAL, CREMATION, REMOVAL (Specify) Removal		24b. DATE Oct. 22, 53.	
24c. NAME OF CEMETERY OR CREMATORY National Cemetery.		24d. LOCATION (City, town, or county) (State) Jefferson, Brks, Missouri.	
DATE REC'D BY LOCAL REG. OCT 20 1953		25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS <u>Albert H. Hoppe</u> 4700 Washington.	

(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.....  
*Robert M Murray*

Licensed Embalmer No. ....  
*31*

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.