

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

37732

FILED OCT 23 1953

State File No.

BIRTH NO. _____ REG. DIST. NO. 318 PRIMARY REG. DIST. NO. 1003 Registrar's No. 9878

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). a. STATE <u>Missouri</u> b. COUNTY _____		
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>St. Louis</u>		c. LENGTH OF STAY (in this place) <u>6 days</u>	c. CITY OR TOWN <u>St. Louis</u>		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 <u>St. Louis City Hospital #1</u>			e. STREET ADDRESS (If rural, give location) <u>610 N. Skinker - Apt. 2340</u>		
3. NAME OF DECEASED (Type or Print) a. (First) <u>MAY</u>		b. (Middle) <u>NMI</u>	c. (Last) <u>YOUNG</u>	4. DATE OF DEATH (Month) (Day) (Year) <u>10/15/53</u>	
5. SEX <u>F</u>	6. COLOR OR RACE <u>W</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>widowed</u>	8. DATE OF BIRTH <u>April 12, 1884</u>	9. AGE (In years last birthday) <u>69</u>	IF UNDER 1 YEAR Months _____ Days _____
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Secretary</u>	10b. KIND OF BUSINESS OR INDUSTRY <u>Omega Dress Co.</u>		11. BIRTHPLACE (City and State or Foreign Country) <u>Sedalia, Missouri</u>		12. CITIZEN OF WHAT COUNTRY? <u>U.S.</u>
13a. FATHER'S NAME <u>DeLoss McComas</u>		13b. MOTHER'S MAIDEN NAME <u>Ellen Overshiner</u>		14. NAME OF HUSBAND OR WIFE <u>Robert W. Young</u>	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <u>no</u>		16. SOCIAL SECURITY NO. <u>499-28-9730</u>	17. INFORMANT'S SIGNATURE OR NAME ADDRESS No. <u>P. K. McComas, 515 Olive St. Hannibal</u>		
18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c)	MEDICAL CERTIFICATION				INTERVAL BETWEEN ONSET AND DEATH <u>8 mo</u>
This does not mean the mode of dying, such as heart failure, asthma, etc. It means the disease, injury, or complication which caused death.	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (a) <u>Carcinoma of breast</u>				(b) <u>arteriosclerotic heart disease</u>
ANTECEDENT CAUSES	Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.				DUE TO (c) _____
II. OTHER SIGNIFICANT CONDITIONS	Conditions contributing to the death but not related to the disease or condition causing death.				DUE TO (c) _____
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? <u>170X</u>		
22. I hereby certify that I attended the deceased from <u>10-10-53</u> , 19____, to <u>10-15-53</u> , 19____, that I last saw the deceased alive on <u>10-15-53</u> , 19____, and that death occurred at <u>10:50A.</u> , from the causes and on the date stated above.					
23a. SIGNATURE (Degree or title) <u>Robert M. Weir M.D.</u>		23b. ADDRESS <u>1515 Lafayette Avenue</u>		23c. DATE SIGNED <u>10-16-53</u>	
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>removal</u>	24b. DATE <u>10/16/53</u>	24c. NAME OF CEMETERY OR CREMATORY <u>Mt. Olive Cemetery</u>	24d. LOCATION (City, town, or county) (State) <u>Hannibal, Missouri</u>		
DATE REC'D BY LOCAL REG. <u>OCT 16 1953</u>		REGISTRAR'S SIGNATURE <u>J. Carl Smith</u>		25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS <u>Alexander & Sons, 6175 Delmar</u>	

MAY 17 1954

JUN 25 1954

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 *J. S. McCulloh*

Licensed Embalmer No. 296

P. O. Address 6120 P

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.