No. 300
10.48

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

STATE OF MISSOURI
STANDARD CERTIFICATE OF DEATH

7119

State File No.

BIRTH NO. FILED FEB 18 1954 REG. DIST. NO. 317 PRIMARY REG. DIST. NO. 541 Registrar's No. 191

1. PLACE OF DEATH
a. COUNTY: St. Louis
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Clayton
c. LENGTH OF STAY (in this place): 1 hour
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): St. Louis County Hospital

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Missouri
b. COUNTY: St. Louis
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Normandy
d. STREET ADDRESS (If rural, give location): 7315 Overbrook Drive

3. NAME OF DECEASED (Type or Print)
a. (First): MURRAY
b. (Middle): FORISTELL
c. (Last): YOUNG

4. DATE OF DEATH (Month): 1 (Day): 20 (Year): 1954

5. SEX: Male
6. COLOR OR RACE: White
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): Married
8. DATE OF BIRTH: 4/3/1901
9. AGE (In years last birthday): 52 — If under 1 year: Months 9, Days 17 — If under 24 hrs.: Hours, Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Landscape Gardner
10b. KIND OF BUSINESS OR INDUSTRY: St. Louis Nursery Ser.
11. BIRTHPLACE (State or foreign country): Jonesburg Mo.
12. CITIZEN OF WHAT COUNTRY?: USA

13a. FATHER'S NAME: Hale G. Young
13b. MOTHER'S MAIDEN NAME: Julia Edwards
14. NAME OF HUSBAND OR WIFE: Irene Nicholson

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.: 494-10-6756
17. INFORMANT'S SIGNATURE OR NAME — ADDRESS: Mrs. Murray F. Young 7315 Overbrook Dr.

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): Laceration of Radial artery

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.

INTERVAL BETWEEN ONSET AND DEATH

19a. DATE OF OPERATION
19b. MAJOR FINDINGS OF OPERATION: 997X
20. AUTOPSY? YES ☐ NO ☐

21a. ACCIDENT / SUICIDE / HOMICIDE (Specify): SuiciDe
21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.): FIELD
21c. (CITY, TOWN, OR TOWNSHIP): RURAL (COUNTY): ST. Louis (STATE): Mo.
21d. TIME OF INJURY (Month): 1 (Day): 20 (Year): 54 (Hour): 5:18 P.m.
21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☒
21f. HOW DID INJURY OCCUR? SeLF INFLICTED WOUND OF THE LEFT WRIST WITH RAZOR BLADE

22. *I hereby certify that I attended the deceased from* 1-20, 1954, *to* 1-20, 1954, *that I last saw the deceased alive on* 1-20, 1954, *and that death occurred at* 2:50 pm., *from the causes and on the date stated above.*

23a. SIGNATURE (Degree or title): Dr. Melvin C. Kaelin M.D.
23b. ADDRESS: 601 S. Brentwood Blvd
23c. DATE SIGNED: 1-25-54

24a. BURIAL, CREMATION, REMOVAL (Specify): BURIAL
24b. DATE: 1/23/54
24c. NAME OF CEMETERY OR CREMATORY: Jonesburg Cemetery
24d. LOCATION (City, town, or county) (State): Jonesburg Missouri

DATE REC'D BY LOCAL REG.: 1/22/54
REGISTRAR'S SIGNATURE: Herbert R. Lomke M.D.
25. FUNERAL DIRECTOR'S SIGNATURE — ADDRESS: Ambruster Mortuary 6633 Clayton Road

(Licensed Embalmer's Statement on Reverse Side)

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.....

.....,

working under my personal supervision.

Student Embalmer No.....

Signed Ernest W. Spillers

Signed.....
Student Embalmer

Licensed Embalmer No. 4080

P. O. Address.....

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply wit the above constitutes grounds for revocation of license.)

If this body is not embalmed, fact should be so stated above.