

**THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH**

**10556**

State File No. ....

**2678**

**13467-54**  
**FILED MAR 31 1954**

**318**

**1003**

Registrar's No. ....

1. PLACE OF DEATH a. COUNTY		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <b>Missouri</b> b. COUNTY	
b. CITY (If outside corporate limits, write RURAL and give town) <b>St. Louis</b>		c. CITY (If outside corporate limits, write RURAL and give township) <b>St. Louis</b>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <b>Moner G. Phillips</b>		d. STREET ADDRESS (If rural, give location) <b>3023 Brantner Pl.</b>	
3. NAME OF DECEASED (Type or Print) a. (First) <b>William</b>		c. (Last) <b>Young</b>	
b. (Middle)		4. DATE OF DEATH (Month) (Day) (Year) <b>2 27 54</b>	
5. SEX <b>Male</b>		6. COLOR OR RACE <b>Negro</b>	
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify)		8. DATE OF BIRTH <b>2-26-54</b>	
9. AGE (In years last birthday)		10. IF UNDER 1 YEAR (Months) (Days)	
11. BIRTHPLACE (State or foreign country) <b>Missouri</b>		12. CITIZEN OF WHAT COUNTRY?	
13a. FATHER'S NAME <b>William Alfred Young</b>		13b. MOTHER'S MAIDEN NAME <b>Nola Toney</b>	
14. NAME OF HUSBAND OR WIFE		15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown)	
16. SOCIAL SECURITY NO.		17. INFORMANT'S SIGNATURE OR NAME <b>Walter M. Sherard, M.D.</b>	
18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c))		ADDRESS <b>2601 N. Whittier</b>	
I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <b>Intra-abdominal Hemorrhage</b>		INTERVAL BETWEEN ONSET AND DEATH	
ANTECEDENT CAUSES *This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death. Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <b>Unknown Cause</b>			
DUE TO (c)			
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. <b>Emphysema; Atelectasis;</b>			
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION <b>7710</b>	
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?			
22. I hereby certify that I attended the deceased from <b>2-26-</b> 19 <b>54</b> to <b>2-27-</b> 19 <b>54</b> , that I last saw the deceased alive on <b>2-27-</b> 19 <b>54</b> , and that death occurred at <b>8:30a</b> m., from the causes and on the date stated above.			
23a. SIGNATURE (Degree or title) <b>William H. Sinkler</b>		23b. ADDRESS <b>M. D. 2601 N. Whittier</b>	
23c. DATE SIGNED <b>3-11-54</b>			
24a. BURIAL, CREMATION, REMOVAL (Specify)		24b. DATE <b>3-31-54</b>	
24c. NAME OF CEMETERY OR CREMATORY <b>Anatomical Board</b>		24d. LOCATION (City, town, or county) (State) <b>St. Louis, Mo.</b>	
DATE REC'D BY LOCAL REG. <b>MAR 24 1954</b>		REGISTRAR'S SIGNATURE <b>Carl Smith M.D.</b>	
25. FUNERAL DIRECTOR'S SIGNATURE <b>Rowland-Aker Mortuary Service</b>		ADDRESS <b>4104 Manchester Ave. St. Louis 10, Mo.</b>	

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 the above constitutes grounds for revocation of license.)

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