

FILED AUG 6 1954

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No.

25470

BIRTH NO. _____ REG. DIST. NO. 318 PRIMARY REG. DIST. NO. 1003 Registrar's No. 6988

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 town) OR TOWN St. Louis		c. LENGTH OF STAY (in this place)	c. CITY OR TOWN St. Louis		d. Is Residence within limits of a city or incorporated town? Yes <input type="checkbox"/> No <input type="checkbox"/>
d. FULL NAME OF HOSPITAL OR INSTITUTION HOMER G. Phillip			e. STREET ADDRESS (If rural, give location) 11 1706 N. NEWSTEAD 21190		
3. NAME OF DECEASED (Type or Print) a. (First) CLARK b. (Middle) William Henry c. (Last) YOUNG			4. DATE OF DEATH (Month) (Day) (Year) July 26 1954		
5. SEX MALE	6. COLOR OR RACE colored	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) MARRIED	8. DATE OF BIRTH April 30, 1900	9. AGE (In years last birthday) 54	10. F UNDER 1 YEAR Months
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Labor		10b. KIND OF BUSINESS OR INDUSTRY Steel Mill	11. BIRTHPLACE (City and State or Foreign Country) MARIANNA ARK		12. CITIZEN OF WHAT COUNTRY?
13a. FATHER'S NAME Byrd YOUNG		13b. MOTHER'S MAIDEN NAME LUCENDIA Russe		14. NAME OF HUSBAND OR WIFE CONSUELO YOUNG	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) NO	16. SOCIAL SECURITY NO. NO	17. INFORMANT'S SIGNATURE OR NAME ADDRESS CONSUELO YOUNG 1706 NEWSTEAD			
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, asphyxia, etc. It means the disease, injury, or complication which caused death.	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) MEDICAL CERTIFICATION Hemorrhagic Puerperalitis INTERVAL BETWEEN ONSET AND DEATH DUE TO (b) Nitrous Oxide Ether Anesthesia prior to exploratory operation at Homer G. Phillip's Hospital about 4:40 am. on July 26 1954. II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death and related to the disease or condition causing death. Accident				19. DATE OF OPERATION 1954
19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION		20. AUTOPSY? YES <input checked="" type="checkbox"/> NO <input type="checkbox"/>		
21a. ACCIDENT SUICIDE HOMICIDE Accident	21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) Asap	21c. (CITY/TOWN, OR TOWNSHIP)- St. Louis	(COUNTY) MO	21d. (STATE) E 954 X	
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) July 26 54 1:40	21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	21f. HOW DID INJURY OCCUR? E 954 X			
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 1:40 a.m., from the causes and on the date stated above. 46					
23a. SIGNATURE Patrick Maylor Curran		(Degree or title)	23b. ADDRESS 1300 Clark		23c. DATE SIGNED 7.28.54
24a. BURIAL, CREMATION, REMOVAL (Specify) BURIAL	24b. DATE July 31, 1954	24c. NAME OF CEMETERY OR CREMATORY WASHINGTON PARK	24d. LOCATION (City, town, or county) (State) St. Louis County, MO		
DATE REC'D BY LOCAL REG. JUL 28 1954	REGISTRAR'S SIGNATURE Carl Smith		25. FUNERAL DIRECTOR'S SIGNATURE W. S. WATSON		ADDRESS 2769 Chouteau

(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.....
Licensed Embalmer No. 2691
P. O. Address 2769 Ch...

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.