

FILED OCT 26 1954

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. **36158**
Registrar's No. **9090**

BIRTH NO. _____ REG. DIST. NO. **318** PRIMARY REG. DIST. NO. **1003**

1. PLACE OF DEATH a. COUNTY		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE Mo. b. COUNTY	
b. CITY OR TOWN St. Louis	c. LENGTH OF STAY (in this place) 9yr 7mo 20dy	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: St. Louis Chronic Hospital		e. STREET ADDRESS (If rural, give location) 5800 Arsenal St.	

3. NAME OF DECEASED (Type or Print)
a. (First) **Joseph** b. (Middle) **E.** c. (Last) **Young.** 4. DATE OF DEATH (Month) (Day) (Year) **Sept. 28, 1954**

5. SEX **male** 6. COLOR OR RACE **white** 7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) **widower** 8. DATE OF BIRTH **12-24-1863** 9. AGE (In years last birthday) **90**

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) **UNKNOWN** 10b. KIND OF BUSINESS OR INDUSTRY **UNKNOWN** 11. BIRTHPLACE (City and State or Foreign Country) **Mt. Sterling, Ill.** 12. CITIZEN OF WHAT COUNTRY **U.S.A.**

13a. FATHER'S NAME **Avis Young** 13b. MOTHER'S MAIDEN NAME **????** 14. NAME OF HUSBAND OR WIFE **Meltha Denzuss**

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) **UNKNOWN** 16. SOCIAL SECURITY NO. **UNKNOWN** 17. INFORMANT'S SIGNATURE OR NAME **Miss Pemberton** ADDRESS **2331 Mullerphy**

18. CAUSE OF DEATH. Enter only one cause per line for (a), (b), and (c)
I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) **Cerebral Arteriosclerosis.**
ANTECEDENT CAUSES
*This does not mean the mode of dying, such as heart failure, asthma, etc. It means the disease, injury, or complication which caused death.
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.

19a. DATE OF OPERATION 19b. MAJOR FINDINGS OF OPERATION 20. AUTOPSY? YES NO

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) 21e. INJURY OCCURRED WHILE AT WORK NOT WHILE AT WORK 21f. HOW DID INJURY OCCUR? **334x**

22. I hereby certify that I attended the deceased from **Feb. 8, 1945**, to **Sept. 28, 1954**, that I last saw the deceased alive on **Sept. 28, 1954**, and that death occurred at **4:30 A.M.**, from the causes and on the date stated above.

23a. SIGNATURE **Pauline Bernice Oswald MD** (Degree or title) 23b. ADDRESS **5800 Arsenal St.** 23c. DATE SIGNED **9-28-54**

24a. BURIAL, CREMATION, REMOVAL (Specify) **BURIAL** 24b. DATE **OCT-8-54** 24c. NAME OF CEMETERY OR CREMATORY **CALVARY** 24d. LOCATION (City, town, or county) (State) **ST LOUIS MO**

DATE REC'D BY LOCAL REG. **OCT 7 1954** REGISTRAR'S SIGNATURE **J. Carl Smith** 25. FUNERAL DIRECTOR'S SIGNATURE **W. H. Hollen-Kelly** ADDRESS **4386 Lindell**

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 *Gene A. Hutchins*.....

Licensed Embalmer No. *496*.....

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.