

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

10429

State File No.

FILED MAR 31 1955

BIRTH NO. _____ REG. DIST. NO. **318** PRIMARY REG. DIST. NO. **1003** Registrar's No. **2538**

| | | | | | |
|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--|---------------------------------------------------------------------------------------------------------------------------------------------------------------|--|-------------------------------------------------------------------------------------|--|
| 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 township) OR TOWN St. Louis | | c. LENGTH OF STAY (in this place) | | c. CITY OR TOWN St. Louis | |
| d. FULL NAME OF HOSPITAL OR INSTITUTION 3218 a Pennsylvania Ave. | | STREET ADDRESS (If rural, give location) 24 3218 a Pennsylvania 2243 | | | |
| 3. NAME OF DECEASED (Type or Print) a. (First) John | | b. (Middle) | | c. (Last) Younkers | |
| 4. DATE OF DEATH (Month) (Day) (Year) Mar. 19, 1955 | | 5. SEX Male | | 6. COLOR OR RACE White | |
| 7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Married | | 8. DATE OF BIRTH Mar. 15, 1897 | | 9. AGE (in years last birthday) 58 | |
| 10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Bed Maker | | 10b. KIND OF BUSINESS OR INDUSTRY Smith & Davis | | 11. BIRTHPLACE (City and State or Foreign Country) Chicago, Ill. | |
| 12. CITIZEN OF WHAT COUNTRY? USA | | 13a. FATHER'S NAME Michael Younkens | | 13b. MOTHER'S MAIDEN NAME Catherine Meyers | |
| 14. NAME OF HUSBAND OR WIFE Etta Wray Younkens | | 15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknowns) Yes | | 16. SOCIAL SECURITY NO. W.W. I 492-07-4481 | |
| 17. INFORMANT'S SIGNATURE OR NAME Etta Younkens | | ADDRESS 3218 a Pennsylvania St. L. Mo. | | | |
| 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, ashenia, etc. It means the disease, injury, or complication which caused death. | | I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Carcinoma - Liver | | | |
| | | 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. | | | |
| 19a. DATE OF OPERATION 1/18/55 | | 19b. MAJOR FINDINGS OF OPERATION Carcinoma Liver - Biopsy | | 20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" 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? 1561 | |
| 22. I hereby certify that I attended the deceased from Jan. 8, 1955 to Mar. 19, 1955 , that I last saw the deceased alive on Mar. 18, 1955 , and that death occurred at 5:05 p.m. , from the causes and on the date stated above. | | | | | |
| 23a. SIGNATURE Christian M.B. | | (Degree or title) | | 23b. ADDRESS 3903 Olive St. St. Louis | |
| 23c. DATE SIGNED 3-21-55 | | 24a. BURIAL, CREMATION, REMOVAL (Specify) Removal | | 24b. DATE 3/22/55 | |
| 24c. NAME OF CEMETERY OR CREMATORY Christian | | 24d. LOCATION (City, town, or county) (State) Fredericktown, Mo. | | | |
| DATE REC'D BY LOCAL REG. MAR 21 1955 | | REGISTRAR'S SIGNATURE J. Earl Smith, M.D. | | 25. FUNERAL DIRECTOR'S SIGNATURE E.J. Schnur | |
| | | ADDRESS 3125 Lafayette Ave. | | | |

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.....

Joseph B. Volkman
Licensed Embalmer No. 2101
P. O. Address 3125 Lafayette

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.