

0.300  
0.48

FILED SEP 1 1955

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

State File No. 28330  
6682  
Registrar's No.

BIRTH NO.		REG. DIST. NO. 318	PRIMARY REG. DIST. NO. 1003	Registrar's No. 28330 6682	
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. 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 City Hospital		e. STREET ADDRESS (If rural, give location) 26 1515 N. 16th Street 22690			
3. NAME OF DECEASED (Type or Print) a. (First) Barbara		b. (Middle)		c. (Last) Young	
4. DATE OF DEATH (Month) (Day) (Year) 8 1 1955		5. SEX Female		6. COLOR OR RACE White	
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) 2 Widow		8. DATE OF BIRTH 7-25-85		9. AGE (In years last birthday) 70	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, or when retired) Housework		10b. KIND OF BUSINESS OR INDUSTRY		11. BIRTHPLACE (City and State or Foreign Country) 0 St. Louis, Missouri	
12. CITIZEN OF WHAT COUNTRY? USA.		13a. FATHER'S NAME Frank Lightner		13b. MOTHER'S MAIDEN NAME Anna	
14. NAME OF HUSBAND OR WIFE UNKNOWN		15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown)		16. SOCIAL SECURITY NO.	
17. INFORMANT'S SIGNATURE OR NAME Eddie Lightner 1833 Isabelle		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.		19. INTERVAL BETWEEN ONSET AND DEATH	
I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Cerebral Thrombosis		ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) Diabetes mellitus		DUE TO (c)	
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.		Gangrene of both feet		260X	
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION Right leg removed above knee		20. AUTOPSY? YES <input 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)		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 July 14, 1955, to August 1, 1955, that I last saw the deceased alive on August 1, 1955, and that death occurred at 10:25A m., from the causes and on the date stated above.					
23a. SIGNATURE (Degree or title) Robert Thomson MD		23b. ADDRESS 1515 Lafayette Avenue		23c. DATE SIGNED 8-1-55	
24a. BURIAL, CREMATION, REMOVAL (Specify)		24b. DATE Aug 3, 1955		24c. NAME OF CEMETERY OR CREMATORY St. Peter & Paul, St. Louis, Mo.	
24d. LOCATION (City, town, or county) (State)		25. MUNICIPAL DIRECTOR'S SIGNATURE J. J. Quinn 1389 Union Blvd		ADDRESS	
DATE REC'D BY LOCAL REG. AUG 2 1955		REGISTRAR'S SIGNATURE mjb		(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 *Ronald Yeh...*  
.....

Licensed Embalmer No. *39*  
P. O. Address.....

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.