

XC-4 700 988

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

15000

Reg. 15541

FILED APR 26 1956

State File No.

SL-9532

318

1003

Registrar's No. 3539

BIRTH NO. REG. DIST. NO. PRIMARY REG. DIST. NO.

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 915 N. Grand, St. Louis, Mo.)
c. LENGTH OF STAY (In this place) 2 1/2 hrs 45 min

c. CITY OR TOWN ST. LOUIS
d. Is Residence within limits of a city or incorporated town? Yes No

d. FULL NAME OF HOSPITAL OR INSTITUTION Veterans Administration Hosp.

e. STREET ADDRESS (If rural, give location) 1806 North Newstead 21190

3. NAME OF DECEASED (Type or Print)
a. (First) Ernest
b. (Middle) -
c. (Last) YOUNG

4. DATE OF DEATH (Month) (Day) (Year)
4-6-56

5. SEX MALE

6. COLOR OR RACE NEGRO

7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) MARRIED

8. DATE OF BIRTH 9-15-22

9. AGE (In years last birthday) 33
10. UNDER 1 YEAR Months Days
11. UNDER 24 HRS. Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Chauffeur

10b. KIND OF BUSINESS OR INDUSTRY UNKNOWN

11. BIRTHPLACE (City and State or Foreign Country) Como, Mississippi

12. CITIZEN OF WHAT COUNTRY? USA

13a. FATHER'S NAME Willie Young

13b. MOTHER'S MAIDEN NAME Julia Huston

14. NAME OF HUSBAND OR WIFE Millie Young

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) yes WW-2

16. SOCIAL SECURITY NO. 428 16 4890

17. INFORMANT'S SIGNATURE OR NAME ADDRESS VA Hosp. Records, 915 N. Grand, St. Louis, 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, asphyxia, etc. It means the disease, injury, or complication which caused death.

MEDICAL CERTIFICATION
I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) PULMONARY TUBERCULOSIS, FAR ADVANCED WITH TUBERCULOUS PNEUMONIA DUE TO MILITARY SPREAD.
ANTECEDENT CAUSES DUE TO (b) Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (c)
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.

INTERVAL BETWEEN ONSET AND DEATH 7 YEARS

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) (Minute) VA m.

21e. INJURY OCCURRED WHILE AT WORK NOT WHILE AT WORK

21f. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 4-5-56, 19, to 4-6-56, 19, and that death occurred at 10:05 a. m., from the causes and on the date stated above.

23a. SIGNATURE Murray Bett

23b. ADDRESS M. D. VAH, ST. LOUIS, MISSOURI

23c. DATE SIGNED 4-6-56

24a. BURIAL, CREMATION, REMOVAL (Specify) Removal

24b. DATE 4/10/56

24c. NAME OF CEMETERY OR CREMATORY Sardis, Miss

24d. LOCATION (City, town, or county) (State)

DATE REC'D BY LOCAL REG. APR 9 1956 REGISTRAR'S SIGNATURE

25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS G. Wade Granberry 4202 Finney Ave

WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

I
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 *Melvin E. Gee*.....

Licensed Embalmer No. *440*

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.