

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

18937

State File No. ....

FILED JUN 7 1956

5002

BIRTH NO. _____		REG. DIST. NO. <b>318</b>		PRIMARY REG. DIST. NO. <b>1003</b>		Registrar's No. _____			
1. PLACE OF DEATH a. COUNTY _____				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE <b>Missouri</b> b. COUNTY _____					
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <b>St. Louis</b>		c. LENGTH OF STAY (in this place) _____		c. CITY OR TOWN <b>St. Louis</b>		d. Is Residence within limits of a city or incorporated town? Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>			
d. FULL NAME OF HOSPITAL OR INSTITUTION <b>863 Mc Laran</b>				e. STREET ADDRESS (If rural, give location) <b>8 863 Mc Laran</b>					
3. NAME OF DECEASED (Type or Print) a. (First) <b>JOHN</b>		b. (Middle) <b>D.</b>		c. (Last) <b>YOUNG</b>		4. DATE OF DEATH (Month) (Day) (Year) <b>May 24th, 1956</b>			
5. SEX <b>male</b>		6. COLOR OR RACE <b>white</b>		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <b>married</b>		8. DATE OF BIRTH <b>Sept. 11th, 1905</b>			
9. AGE (in years last birthday) <b>50</b>		10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <b>maintenance</b>		10b. KIND OF BUSINESS OR INDUSTRY <b>St. Louis Car Co</b>		11. BIRTHPLACE (City and State or Foreign Country) <b>Arkansas</b>			
12. CITIZEN OF WHAT COUNTRY? <b>USA</b>		13a. FATHER'S NAME <b>Charles Young</b>		13b. MOTHER'S MAIDEN NAME <b>Delia Sidebottom</b>		14. NAME OF HUSBAND OR WIFE <b>Lucille Young</b>			
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <b>no</b>		16. SOCIAL SECURITY NO. <b>488-05-8633</b>		17. INFORMANT'S SIGNATURE OR NAME ADDRESS <b>Lucille Young, 863 Mc Laran</b>					
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, asthma, etc. It means the disease, injury, or complication which caused death.				MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <b>Coronary Arteriosclerosis</b> ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <b>Essential Hypertension</b> 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. <b>1. hour</b> <b>10 yrs.</b>	
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION <b>420:1</b>		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)		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 <b>1947</b> , 19____, to <b>May 24</b> , 19 <b>56</b> , that I last saw the deceased alive on <b>May 18</b> , 19 <b>56</b> , and that death occurred at <b>3:45 A.M.</b> , from the causes and on the date stated above.									
23a. SIGNATURE <b>John P. Harvey</b> (Degree or title) <b>MD</b>				23b. ADDRESS <b>9209 1/2 Broadway</b>		23c. DATE SIGNED <b>5/24/56</b>			
24a. BURIAL, CREMATION, REMOVAL (Specify) <b>removal</b>		24b. DATE <b>May 27th, 1956</b>		24c. NAME OF CEMETERY OR CREMATORY <b>Bernie Cemetery</b>		24d. LOCATION (City, town, or county) (State) <b>Bernie, Mo.</b>			
DATE REC'D BY LOCAL REG. <b>MAY 24 1956</b>		REGISTRAR'S SIGNATURE <b>J. Carl Smith, M.D.</b>		25. FUNERAL DIRECTOR'S SIGNATURE <b>DIEDRICH FUNERAL HOME, 8319 Hallsferry</b>		ADDRESS			

S. P. (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

*John L. Denny*

Licensed Embalmer No. 419

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.