

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

32714

State File No.

FILED OCT 10 1956

BIRTH NO. _____ REG. DIST. NO. 317 PRIMARY REG. DIST. NO. 590 Registrar's No. 2231

1. PLACE OF DEATH			2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).		
a. COUNTY <u>St. Louis</u>			-a. STATE <u>Missouri</u>		b. COUNTY <u>St. Louis</u>
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Kinloch</u>		c. LENGTH OF STAY (in this place) <u>35 yrs.</u>	c. CITY OR TOWN <u>Kinloch</u>		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 <u>459 Lehoque</u>			e. STREET ADDRESS (If rural, give location) <u>459 LeHoque Street</u>		

3. NAME OF DECEASED (Type or Print)			4. DATE OF DEATH		
a. (First) <u>Frederic</u>	b. (Middle) <u>E</u>	c. (Last) <u>Young</u>	(Month) <u>Sept</u>	(Day) <u>16</u>	(Year) <u>1956</u>
5. SEX <u>Female</u>	6. COLOR OR RACE <u>Negro</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Married</u>	8. DATE OF BIRTH <u>Sept. 1, 1898</u>		9. AGE (In years last birthday) <u>58</u>
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Housewife</u>		10b. KIND OF BUSINESS OR INDUSTRY <u>At home</u>	11. BIRTHPLACE (City and State or Foreign Country) <u>Lawrence, Kansas</u>		12. CITIZEN OF WHAT COUNTRY? <u>U. S. A.</u>

13a. FATHER'S NAME <u>Robert McWilliams</u>	13b. MOTHER'S MAIDEN NAME <u>Helen Cling</u>	14. NAME OF HUSBAND OR WIFE <u>Claude Young</u>
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <u>No</u>	16. SOCIAL SECURITY NO. <u>none</u>	17. INFORMANT'S SIGNATURE OR NAME <u>Claude Young</u> ADDRESS <u>459 Lehoque, Kinloch</u>

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		INTERVAL BETWEEN ONSET AND DEATH
	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Hypertensive Cardio-Vascular Disease</u>		
	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 _____	19b. MAJOR FINDINGS OF OPERATION _____	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) <u>443X</u>
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 9-5, 1956, to 9-16, 1956 that I last saw the deceased alive on 9-16, 1956 and that death occurred at 3 A. m., from the causes and on the date stated above.

23a. SIGNATURE (Degree or title) <u>Joseph B. Ernst MD</u>	23b. ADDRESS <u>601 S. Brentwood Clayton, Mo.</u>	23c. DATE SIGNED <u>9/17/56</u>
24a. BURIAL/CREMATION/REMOVAL (Specify) <u>Burial</u>	24b. DATE <u>9/22/56</u>	24c. NAME OF CEMETERY OR CREMATORY <u>Washington Park Cemetery</u>
DATE REC'D BY LOCAL REG. <u>9-20-56</u>	REGISTRAR'S SIGNATURE <u>Herbert B. Dombey</u>	24d. LOCATION (City, town, or county) (State) <u>St. Louis, Missouri</u>
25. FUNERAL DIRECTOR'S SIGNATURE <u>Charles J. Gates</u> ADDRESS <u>4107 Finney Ave.</u>		

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 *Arthur L. Halliard*.....

Licensed Embalmer No. *4221*.....

P. O. Address *4107 Jew*.....

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.