

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

FILED NOV 26 1956

State File No. 39951

 BIRTH NO. \_\_\_\_\_ REG. DIST. NO. 318 PRIMARY REG. DIST. NO. 1003 Registrar's No. 9156

1. PLACE OF DEATH a. COUNTY			2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). 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>St. Louis</u>		c. LENGTH OF STAY (in this place) <u>12 hrs</u>	c. CITY OR TOWN <u>St. Anns. 4051/1</u>		d. Is Residence within limits of a city or incorporated town? Yes <input type="checkbox"/> No <input type="checkbox"/>
d. FULL NAME OF (If not in hospital or institution, give street address or location) HOSPITAL OR INSTITUTION <u>St. Louis Children's Hospital</u>			e. STREET ADDRESS (If rural, give location) <u>10243 St. Dennis</u>		
3. NAME OF DECEASED (Type or Print) a. (First) <u>David</u> b. (Middle) <u>Arnold</u> c. (Last) <u>Howatt Young</u>			4. DATE OF DEATH (Month) (Day) (Year) <u>10-7-56</u>		
5. SEX <u>Male</u>	6. COLOR OR RACE <u>white</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify)	8. DATE OF BIRTH <u>10-22-47</u>	9. AGE (In years last birthday) <u>8</u>	IF UNDER 1 YEAR Days <u>11</u>
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>None</u>		10b. KIND OF BUSINESS OR INDUSTRY <u>None</u>	11. BIRTHPLACE (City and State or Foreign Country) <u>St. Louis, MO</u>		12. CITIZEN OF WHAT COUNTRY? <u>U.S.A.</u>
13a. FATHER'S NAME <u>Ernest Howatt Young</u>		13b. MOTHER'S MAIDEN NAME <u>Lorraine Roth</u>	14. NAME OF HUSBAND OR WIFE <u>None</u>		
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <u>No</u>	16. SOCIAL SECURITY NO. (If yes, give war or dates of service) <u>None</u>	17. INFORMANT'S SIGNATURE OR NAME <u>E. Johnston</u>		ADDRESS <u>500 S. Kingshighway</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, ashenia, etc. It means the disease, injury, or complication which caused death.			MEDICAL CERTIFICATION		
I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Subarachnoid Hemorrhage.</u>			INTERVAL BETWEEN ONSET AND DEATH		
ANTECEDENT CAUSES Morbidity conditions, if any, giving rise to the above cause (a) stating the underlying cause last.  DUE TO (b) <u>Q.T.K. 2 weeks</u> DUE TO (c) <u>Joseph Sm. Zuercher Agency 10/1/56</u>					
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.					
19a. DATE OF OPERATION <u>10/6/56</u>	19b. MAJOR FINDINGS OF OPERATION <u>Subarachnoid Hemorrhage.</u>		20. AUTOPSY? YES <input checked="" 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) m.	21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	21f. HOW DID INJURY OCCUR? <u>330 X</u>			
22. I hereby certify that I attended the deceased from <u>10-6-</u> , 19 <u>56</u> , to <u>10-7-</u> , 19 <u>56</u> , that I last saw the deceased alive on <u>10-7-</u> , 19 <u>56</u> , and that death occurred at <u>9:09 a.m.</u> , from the causes and on the date stated above.					
23a. SIGNATURE (Degree or title) <u>Louise Kahn, M.D.</u>		23b. ADDRESS <u>500 S. Kingshighway</u>		23c. DATE SIGNED <u>10-7-56</u>	
24a. BURIAL, CREMATION, OR DISPOSAL <u>BURIAL</u>	24b. DATE <u>10-9-56</u>	24c. NAME OF CEMETERY OR CREMATORY <u>MOUNT LEBANON</u>	24d. LOCATION (City, town, or county) (State) <u>PATTONVILLE MO</u>		
DATE REC'D BY LOCAL REG. <u>OCT 8 1956</u>	REGISTRAR'S SIGNATURE <u>J. Carl Smith, M.D.</u>		25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS <u>Carl Kellenman Overland road</u>		

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

M. D. R.

(Licensed Embalmer's Statement on Reverse Side)

**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 *Emil J. Kelleisen*

Licensed Embalmer No. *350*

P. O. Address *Portland*

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.