

FILED MAR 29 1957

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

11455

State File No. _____
Registrar's No. 660

BIRTH NO. _____ REG. DIST. NO. 317 PRIMARY REG. DIST. NO. 541

1. PLACE OF DEATH a. COUNTY <u>St. Louis</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>Mo.</u> b. COUNTY <u>St. Louis</u>	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Clayton</u>	c. LENGTH OF STAY (in this place) <u>1 day</u>	c. CITY OR TOWN <u>Ellenwood</u>	d. Is Residence within limits of a city or incorporated town? Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>County Hospital</u>		e. STREET ADDRESS (If rural, give location) <u>local</u>	

3. NAME OF DECEASED (Type or Print) <u>James</u>	a. (First) _____ b. (Middle) _____ c. (Last) <u>Young</u>	4. DATE OF DEATH (Month) (Day) (Year) <u>3 7 1957</u>
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5. SEX <u>Male</u>	6. COLOR OR RACE <u>Negro</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Never married</u>	8. DATE OF BIRTH <u>May 9 1907</u>	9. AGE (In years last birthday) <u>49</u>	IF UNDER 1 YEAR Months _____ Days _____	IF UNDER 1 HRS. Hours _____ Min. _____
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>laborer</u>		10b. KIND OF BUSINESS OR INDUSTRY <u>None</u>		11. BIRTHPLACE (City and State or Foreign Country) <u>Greenville S. Carolina</u>		12. CITIZEN OF WHAT COUNTRY? <u>U.S.A.</u>

13a. FATHER'S NAME <u>unknown</u>	13b. MOTHER'S MAIDEN NAME <u>unknown</u>	14. NAME OF HUSBAND OR WIFE <u>None</u>
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15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <u>no</u>	16. SOCIAL SECURITY NO. <u>unk.</u>	17. INFORMANT'S SIGNATURE OR NAME <u>John La Louis</u>	ADDRESS <u>3028 Dent</u>
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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.	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Left lower lobe pneumonia</u>		INTERVAL BETWEEN ONSET AND DEATH
	ANTECEDENT CAUSES Morbid conditions, if any, giving DUE TO (b) _____ 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.			

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY? <u>0</u> YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>
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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)
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21d. TIME OF INJURY (Month) (Day) (Year) (Hour) (Min.)	21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	21f. HOW DID INJURY OCCUR?
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22. I hereby certify that I attended the deceased from 3-7, 1957, to 3-7, 1957, that I last saw the deceased alive on 3-7, 1957, and that death occurred at 5:30 p.m., from the causes and on the date stated above.

23a. SIGNATURE (Degree or title) <u>Wm. G. Doulick M.D.</u>	23b. ADDRESS <u>601 S. Brentwood Blvd.</u>	23c. DATE SIGNED <u>3/7/57</u>
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24a. BURIAL CREMA TION REMOVAL (Specify) <u>Buried</u>	24b. DATE <u>March 15 1957</u>	24c. NAME OF CEMETERY OR CREMATORY <u>Washington Park</u>	24d. LOCATION (City, town, or county) (State) <u>St. Louis county Mo.</u>
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DATE REC'D BY LOCAL REG. <u>3/11/57</u>	REGISTRAR'S SIGNATURE <u>Herbert R. Doulick</u>	25. FUNERAL DIRECTOR'S SIGNATURE <u>English Undert Co</u>	ADDRESS <u>1123 Taylor</u>
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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 *Wallace B. Williams*.....

Licensed Embalmer No. *4920*.....

P. O. Address *4554 S...*.....

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.