

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

15492

STATE FILE NUMBER

FILED APR 26 1957

318

1003

3345

Registration District No. Primary Registration District No. Registrar's No.

Health,  
Welfare  
Public  
Service

300  
1-56

Doctor, coroner, etc. must use only standard nomenclature in item 18. No symptoms will be listed. All diseases in Part I must be causally related. Coroner cannot certify to a death due to natural causes.

USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE

1. PLACE OF DEATH a. COUNTY				2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE <i>Mo.</i> b. COUNTY			
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN <i>St. Louis</i>		Inside Limits Yes <input type="checkbox"/> No <input type="checkbox"/>		c. CITY OR TOWN <i>St. Louis</i>		Inside Limits Yes <input type="checkbox"/> No <input type="checkbox"/>	
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION <i>25 St. Louis City Hosp.</i>				Length of stay in lb		d. STREET ADDRESS (If outside, give location) <i>22 2755 Clark</i>	
3. NAME OF DECEASED (Type or print) First <i>Frank</i> Middle Last <i>Young</i>				4. DATE OF DEATH Month <i>4</i> Day <i>3</i> Year <i>57</i>			
5. SEX <i>Male</i>	6. COLOR OR RACE <i>Col</i>	7. MARRIED <input checked="" type="checkbox"/> NEVER MARRIED <input type="checkbox"/> WIDOWED <input type="checkbox"/> DIVORCED <input type="checkbox"/>		8. DATE OF BIRTH <i>Nov 3, 1919</i>		9. AGE (In years last birthday) <i>37</i>	
10a. USUAL OCCUPATION (Give kind of work done during most of working life even if retired) <i>Laber</i>		10b. KIND OF BUSINESS OR INDUSTRY		11. BIRTHPLACE (City and state or country) <i>So. Carolina</i>		12. CITIZEN OF WHAT COUNTRY? <i>USA</i>	
13. FATHER'S NAME <i>Guss Young</i>				14. MOTHER'S MAIDEN NAME <i>Floisie Sheffield</i>			
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If no, give year or dates of service) <i>Yes</i>		16. SOCIAL SECURITY NO. <i>—</i>		17. INFORMANT Address <i>Floisie Harding 2755 Clark</i>			
18. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c).] PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) <i>MALNUTRITION AND INANITION</i>  Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. DUE TO (b) <i>CARCINOMA OF PANCREAS</i> DUE TO (c) <i>OBSTRUCTIVE JAUNDICE</i> PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I (a) <i>CIRRHOSIS</i>							INTERVAL BETWEEN ONSET AND DEATH
20a. ACCIDENT <input type="checkbox"/> SUICIDE <input type="checkbox"/> HOMICIDE <input type="checkbox"/>			20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Part I or Part II of item 18.) <i>157x</i>				
20c. TIME OF INJURY Hour Month, Day, Year a. m. p. m.							
20d. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		20e. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)		20f. CITY, TOWN, OR LOCATION		COUNTY STATE	
21. I attended the deceased from <i>4-1-57</i> to <i>4-3-57</i> and last saw her alive on <i>4-3-57</i> Death occurred at <i>7:45 p.m.</i> m on the date stated above, and to the best of my knowledge, from the causes stated.							
22a. SIGNATURE (Degree or title) <i>A J Greenbank</i>				22b. ADDRESS <i>1515 Lafayette</i>		22c. DATE SIGNED <i>4/4/57</i>	
23a. BURIAL, CREATION, REMOVAL (Specify)		23b. DATE	23c. NAME OF CEMETERY OR CREMATORY		23d. LOCATION (City, town, or county) (State)		
<i>Removal</i>		<i>7/9/57</i>	<i>National Cem</i>		<i>St. Louis Mo</i>		
24. FUNERAL DIRECTOR ADDRESS <i>F. A. Green 4214 Delmar</i>			25. DATE RECD. BY LOCAL REG. <i>APR 8 '57</i>		26. REGISTRAR'S SIGNATURE <i>Carl Smith Mo</i>		

(Licensed Embalmer's Statement on Reverse Side)

*M.B.*

MAY 1 1957

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 *F. A. Green* .....

Licensed Embalmer No. *2963*

P. O. Address *4214 Selman*

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.