FILED AUG 26 1957

THE DIVISION OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH

STATE FILE NUMBER 30210

Registration District No. 318 Primary Registration District No. 1003 Registrar's No. 7181

1. PLACE OF DEATH
a. COUNTY
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN: Saint Louis — Inside Limits Yes X No ☐
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION: Incarmate Word Hosp. — Length of stay in Ib: 35 Years

2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)
a. STATE: Missouri b. COUNTY:
c. CITY OR TOWN: Saint Louis — Inside Limits Yes X No ☐
d. STREET ADDRESS (If outside, give location): 3148 Miami St. — Reside on Farm Yes ☐ No X

3. NAME OF DECEASED (Type or print): First CLYDE Middle H. Last YOUNG
4. DATE OF DEATH: Month July Day 31st Year 1957
5. SEX: Male
6. COLOR OR RACE: White
7. MARRIED X NEVER MARRIED ☐ WIDOWED ☐ DIVORCED ☐
8. DATE OF BIRTH: Aug. 4th, 1903
9. AGE (In years last birthday): 53 — IF UNDER 1 YEAR: Months / Days — IF UNDER 24 HRS.: Hours / Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Shoecutter
10b. KIND OF BUSINESS OR INDUSTRY: Calman Shoe Co.
11. BIRTHPLACE (City and state or country): Burfordsville, Mo.
12. CITIZEN OF WHAT COUNTRY? USA
13. FATHER'S NAME: John L. Young
14. MOTHER'S MAIDEN NAME: Helen Eakins
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown): No — (If yes, give war or dates of service): None
16. SOCIAL SECURITY NO.: 494-05-6755
17. INFORMANT: Anna Young, 3148 Miami St., Address

MEDICAL CERTIFICATION

18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).)
PART I. DEATH WAS CAUSED BY:
IMMEDIATE CAUSE (a) Ruptured aneurysm of abdominal aorta
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.
DUE TO (b) arteriosclerotic vascular disease
DUE TO (c)
INTERVAL BETWEEN ONSET AND DEATH: 1 da / unknown
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I(a)
451X
19. WAS AUTOPSY PERFORMED? YES X NO ☐

20a. ACCIDENT ☐ SUICIDE ☐ HOMICIDE ☐
20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Part I or Part II of item 18.)
20c. TIME OF INJURY Hour a. m. p. m. Month, Day, Year
20d. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐
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 7-30-57, to 7-31-57 and last saw her/him alive on 7-30-57
Death occurred at 2:05 P.M. on the date stated above; and to the best of my knowledge, from the causes stated.

22a. SIGNATURE: John T. Flynn (Degree or title) BS MD
22b. ADDRESS: 1715 So 39th St St Louis Mo
22c. DATE SIGNED: 8-1-57

23a. BURIAL, CREMATION, REMOVAL (Specify): Removal
23b. DATE: 8/2/57
23c. NAME OF CEMETERY OR CREMATORY: Mt. Lebanon Cemetery
23d. LOCATION (City, town, or county) (State): St. Louis County, Missouri

24. FUNERAL DIRECTOR: CALVIN F. FEUTZ, 4828 Natural Bridge Blvd., FUNERAL HOME, St. Louis, 15, Missouri — ADDRESS
25. DATE RECD. BY LOCAL REG.: AUG 1 '57
26. REGISTRAR'S SIGNATURE: Earl Smith MD

(Licensed Embalmer's Statement on Reverse Side)

USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE

diseases in Part I must be casually related. Coroner cannot certify to a death due to natural causes.

1:00PM to 3:30PM Daily
except Wednesdays.

File in City

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was e

by me, or by ....., Student Embalmer No.....

working under my personal supervision..

Student.....
Signature of Student Embalmer

Signed Ralph C. Linden

Licensed Embalmer No. 4

P. O. Address St. Lou

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING.
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.