

FILED JAN 13 1958

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

318

1003

46510  
STATE FILE NUMBER

12476  
Registration District No.

Registration District No. 318 Primary Registration District No. 1003

5. 300  
7. 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 <b>ILLINOIS</b> b. COUNTY <b>MADISON</b>			
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN <b>St. Louis, Missouri</b>		Inside Limits Yes <input type="checkbox"/> No <input type="checkbox"/>		c. CITY OR TOWN <b>GRANITE CITY</b>	
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION <b>BARNES HOSPITAL</b>		Length of stay in lb		32 STREET ADDRESS <b>1300-27TH STREET</b> (If outside, give location)	
3. NAME OF DECEASED (Type or print) <b>GORDON MARK YOUNG</b>		First Middle Last		4. DATE OF DEATH Month <b>December</b> Day <b>25</b> Year <b>1957</b>	
5. SEX <b>MALE</b>	6. COLOR OR RACE <b>WHITE</b>	7. MARRIED <input checked="" type="checkbox"/> NEVER MARRIED <input type="checkbox"/> WIDOWED <input type="checkbox"/> DIVORCED <input type="checkbox"/>	8. DATE OF BIRTH <b>11-18-1897</b>	9. AGE (In years last birthday) <b>60</b>	IF UNDER 1 YEAR Months Days Hours Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <b>SELF EMPLOYED</b>		10b. KIND OF BUSINESS OR INDUSTRY <b>DRESSEL-YOUNG DAIRY</b>		11. BIRTHPLACE (City and state or country) <b>SALEM, ILLINOIS</b>	12. CITIZEN OF WHAT COUNTRY? <b>U.S.</b>
13. FATHER'S NAME <b>MILTON P. YOUNG</b>			14. MOTHER'S MAIDEN NAME <b>MAMIE RICHARDS</b>		
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <b>No</b>		16. SOCIAL SECURITY NO. <b>340-26-5268</b>		17. INSURANCE <b>Golda Young</b> Address <b>1300-27TH ST GRANITE CITY</b>	
18. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c.)] PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) <b>Acute anterior myocardial infarction</b>					INTERVAL BETWEEN ONSET AND DEATH <b>15 days</b>
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. DUE TO (b) _____ DUE TO (c) _____ <b>420.1</b>					
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I(a)					19. WAS AUTOPSY PERFORMED? YES <input checked="" type="checkbox"/> NO <input type="checkbox"/>
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.)		
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 <b>12/9/57</b> to <b>12/25/57</b> and last saw <b>him</b> alive on <b>12/25/57</b> Death occurred at <b>5:30 a.m.</b> on the date stated above; and to the best of my knowledge, from the causes stated.					
22a. SIGNATURE <b>Edward M. D. M. D.</b> (Degree or title)			22b. ADDRESS <b>BARNES HOSPITAL</b>		22c. DATE SIGNED <b>12/25/57</b>
23a. BURIAL, CREMATION, REMOVAL (Specify)	23b. DATE <b>12-25-'57</b>	23c. NAME OF CEMETERY OR CREMATORY <b>SUNSET HILL</b>		23d. LOCATION (City, town, or county) (State) <b>EDWARDSVILLE, ILLINOIS</b>	
24. FUNERAL DIRECTOR <b>Frank Mercer Granite City</b>		ADDRESS		25. DATE RECD. BY LOCAL REG. <b>DEC 27 '57</b>	26. REGISTRAR'S SIGNATURE <b>Carl Smith MD</b>

MAR 12 1958

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..... *Charles E. Mercer*

Licensed Embalmer No. *290*  
*R. O. Grant City*

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