

FILED FEB 28 1958

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

58-007996
STATE FILE NUMBER

Registration District No. **318** Primary Registration District No. **1003** Registrar's No. **1795**

300
1-57

1. PLACE OF DEATH a. COUNTY KK		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE Missouri b. COUNTY	
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN St. Louis		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	c. CITY OR TOWN St. Louis
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION Homer G. Phillips		Length of stay in lb 40 yrs.	d. STREET ADDRESS (If outside, give location) 5162 Kensington
3. NAME OF DECEASED (Type or print) First George Middle W Last Young		4. DATE OF DEATH Month 2 Day 11 Year 58	
5. SEX Male	6. COLOR OR RACE Negro	7. MARRIED <input checked="" type="checkbox"/> NEVER MARRIED <input type="checkbox"/> WIDOWED <input type="checkbox"/> DIVORCED <input type="checkbox"/>	8. DATE OF BIRTH 8-31-1887
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Trucker		10b. KIND OF BUSINESS OR INDUSTRY R.R. Co.	9. AGE (In years last birthday) 70
11. BIRTHPLACE (City and state or country) Greenfield, Tenn.		12. CITIZEN OF WHAT COUNTRY? U.S.A.	
13a. FATHER'S NAME James Young		13b. MOTHER'S MAIDEN NAME Mary ?	
14. NAME OF HUSBAND OR WIFE Lillie M. Young		15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) No	
16. SOCIAL SECURITY NO. unsp		17. INFORMANT Address Lillie M. Young 5162 Kensington	
18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).) PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) Cardiac insufficiency DUE TO (b) Arteriosclerosis heart disease DUE TO (c) 420.0 PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a) Arteriolosclerosis			INTERVAL BETWEEN ONSET AND DEATH undet.
20a. ACCIDENT SUICIDE HOMICIDE <input type="checkbox"/> <input type="checkbox"/> <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 <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 1-1-58 to 2-11-58 and last saw him alive on 2-11-58 Death occurred at 6 P. m on the date stated above; and to the best of my knowledge, from the causes stated.			
22a. SIGNATURE (Degree or title) J. G. Zeman		22b. ADDRESS 2601 No. Whittier	
22c. DATE SIGNED 2/14/58		23a. BURIAL, CREMATION, REMOVAL (Specify) REMOVAL	
23b. DATE 2/17/58		23c. NAME OF CEMETERY OR CREMATORY Washington Park	
23d. LOCATION (City, town, or county) ST. LOUIS COUNTY		23e. STATE MO.	
24. FUNERAL DIRECTOR ADDRESS JAS. H. RANDLE & SON 2133 BELL		25. DATE RECD. BY LOCAL REG. FEB 14 58	
26. REGISTRAR'S SIGNATURE J. C. Smith MO <i>mjs</i>			

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.

USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE

MEDICAL CERTIFICATION

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 *Ester H. Harris*

Licensed Embalmer No. *4458*

P. O. Address *4181 Washu*

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.