

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

58-034869
STATE FILE NUMBER
Registrar's No. 9404

FILED OCT 10 1958

Registration District No. 318

318

Primary Registration District No. 1003

1003

Registrar's No. 9404

9404

1. PLACE OF DEATH a. COUNTY				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		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION HOMER G. PHILLIPS		Length of stay in lb 32 Yrs		d. STREET ADDRESS (If outside, give location) 1534. BIDDLE		Reside on Farm Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	
3. NAME OF DECEASED (Type or print) First MIDDLE Last LUTHER G YOUNG				4. DATE OF DEATH Month Day Year 9 -- 29 -- 1958			
5. SEX MALE 2	6. COLOR OR RACE COL.	7. MARRIED <input type="checkbox"/> NEVER MARRIED <input type="checkbox"/> WIDOWED <input checked="" type="checkbox"/> 2 DIVORCED <input type="checkbox"/>		8. DATE OF BIRTH 3 / 2 / 1884		9. AGE (In years last birthday) 74	IF UNDER 1 YEAR Months 6 Days 27
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Retired Laborer		10b. KIND OF BUSINESS OR INDUSTRY DOMESTICTS	11. BIRTHPLACE (City and state or country) NEVADA COUNTY ARKANSAS		12. CITIZEN OF WHAT COUNTRY? U.S.A		
13a. FATHER'S NAME LAWRENCE YOUNG			13b. MOTHER'S MAIDEN NAME IDA RODGERS		14. NAME OF HUSBAND OR WIFE VINIA YOUNG		
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown) (If yes, give year or dates of service) NO NONE		16. SOCIAL SECURITY NO.	17. INFORMANT Grace Hudson 1532. FRANKLIN AVE Address				
18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).) PART I. DEATH WAS CAUSED BY IMMEDIATE CAUSE (a) Pulmonary Embolism DUE TO (b) Broncho Pneumonia DUE TO (c) PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a) Following fracture of right leg, suffered in fall at home September 20th 1958 about 600 p.m.							INTERVAL BETWEEN ONSET AND DEATH
20a. ACCIDENT <input checked="" 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.) leg, suffered in fall at home September 20th 1958 about 600 p.m.						19. WAS AUTOPSY PERFORMED? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>
20c. TIME OF INJURY Hour Month, Day, Year 600 p.m. 9 20 58		20d. PLACE OF INJURY (e.g., in or about home, farm, school, street, office, bldg., etc.) 25 North	20e. CITY, TOWN, OR LOCATION St Louis Mo.		COUNTY	STATE	
21. I attended the deceased from Death occurred at 1045 P. m on the date stated above; and to the best of my knowledge, from the causes stated.				and last saw her him alive on			
22a. SIGNATURE (Degree or title) Darius E. Taylor 3			22b. ADDRESS 9300 Ch. St.			22c. DATE SIGNED 10/29/58	
23a. BURIAL, CREMATION, REMOVAL (Specify) REMOVAL	23b. DATE 10/6/58	23c. NAME OF CEMETERY OR CREMATORY WASHINGTON PARK CEMETERY		23d. LOCATION (City, town, or county) ST. LOUIS CO. MISSOURI			
24. FUNERAL DIRECTOR John Houston			ADDRESS 2812, THOMAS ST.	25. DATE RECD. BY LOCAL REG. OCT 1 '58		26. REGISTRAR'S SIGNATURE Carl Smith MD	

USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE

MEDICAL CERTIFICATION

All diseases in Part I must be causally related.

300

1-57

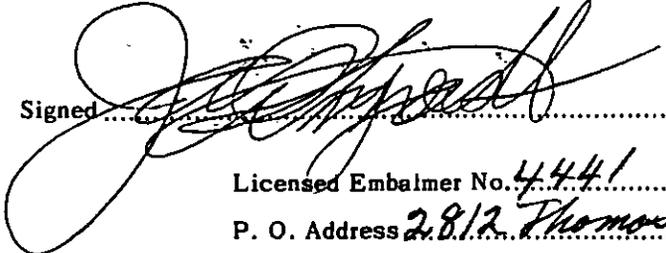
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... symptoms will be listed.

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 

Licensed Embalmer No. 4441

P. O. Address 2812 Thomas

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.