Health, & Welfare Public Service

S. 300 1-57

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THE DIVISION OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH

59-023562
STATE FILE NUMBER

FILED JUN 24 1959 Registration District No. _____ Primary Registration District No. _____ Registrar's No. 2 5618

1. PLACE OF DEATH
a. COUNTY
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN: St. Louis — Inside Limits Yes [X] No [ ]
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION: St.Louis-Little Rock Hospitals, Inc. — Length of stay in 1b: 1 month

2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)
a. STATE: Missouri b. COUNTY
c. CITY OR TOWN: St. Louis, — Inside Limits Yes [X] No [ ]
d. STREET ADDRESS (If outside, give location): 1416 North Euclid Ave, — Reside on Farm Yes [ ] No [ ]

3. NAME OF DECEASED (Type or print): First: Bonnie Middle: - Last: Young
4. DATE OF DEATH: Month: June Day: 10, Year: 1959
5. SEX: Female 3
6. COLOR OR RACE: Colored
7. MARRIED [X] NEVER MARRIED [ ] WIDOWED [ ] DIVORCED [ ]
8. DATE OF BIRTH: Oct. 13, 1893
9. AGE (In years last birthday): 65 yrs. 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): None
10b. KIND OF BUSINESS OR INDUSTRY: None
11. BIRTHPLACE (City and state or country): Katy Ky.
12. CITIZEN OF WHAT COUNTRY?
13a. FATHER'S NAME: Ed. Redd
13b. MOTHER'S MAIDEN NAME: City White
14. NAME OF HUSBAND OR WIFE: Samuel Young
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown): NO (If yes, give war or dates of service)
16. SOCIAL SECURITY NO.: None
17. INFORMANT: Samuel Young Address: 1416 North Euclid

MEDICAL CERTIFICATION

18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).) — INTERVAL BETWEEN ONSET AND DEATH

PART I. DEATH WAS CAUSED BY:
IMMEDIATE CAUSE (a) Cerebral Hemorrhage
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.
DUE TO (b) Arteriosclerosis, gen. P.
DUE TO (c) 331x.

PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a): Arterio Sclerotic H. Disease.

19. WAS AUTOPSY PERFORMED? YES [ ] NO [X]

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 May 11, 1959, to June 10, 1959 and last saw her/him alive on June 10, 1959
Death occurred at 7:25 P.M., on the date stated above; and to the best of my knowledge, from the causes stated.

22a. SIGNATURE: Carlos Kromer M.D. (Degree or title)
22b. ADDRESS: 1755 South Grand Blvd.,
22c. DATE SIGNED: 6-12-59

23a. BURIAL, CREMATION, REMOVAL (Specify): Removal
23b. DATE: 6-16-59
23c. NAME OF CEMETERY OR CREMATORY: Washington Park
23d. LOCATION (City, town, or county) (State): St. Louis Co. Mo.

24. FUNERAL DIRECTOR: Whitney Funeral Home ADDRESS: 3882 Delmar Blvd., St. Louis, Mo.
25. DATE RECD. BY LOCAL REG.: JUN 12 '59
26. REGISTRAR'S SIGNATURE: Earl Smith, M.D. MOC

(Licensed Embalmer's Statement on Reverse Side)

USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE

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.

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 ..... Signed F. A. Green

Signature of Student Embalmer

Licensed Embalmer No. 2963

P. O. Address 474 Delaware

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.