

U.S. DEPARTMENT OF HEALTH - STANDARD CERTIFICATE OF DEATH

59-038246

FILED VS OCT 21 1959

STATE FILE NUMBER

Registration District No. Primary Registration District No. Registrar's No. 2 9233

1. PLACE OF DEATH a. COUNTY <b>ST. LOUIS- MO</b>		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE <b>Mo.</b> b. COUNTY	
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN <b>ST. LOUIS-</b>		c. CITY OR TOWN <b>ST LOUIS- MO</b>	
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION <b>2821 Laclede</b>		d. STREET ADDRESS (If outside, give location) <b>2821-LACLEDE AVE</b>	

3. NAME OF DECEASED (Type or print) First <b>EMMETT-</b> Middle <b>YOUNG</b> Last			4. DATE OF DEATH Month <b>10</b> Day <b>3</b> Year <b>59</b>			
5. SEX <b>MALE-</b>	6. COLOR OR RACE <b>NEGRO</b>	7. Married <input type="checkbox"/> Never Married <input type="checkbox"/> Widowed <input checked="" type="checkbox"/> Divorced <input type="checkbox"/>	8. DATE OF BIRTH <b>OCT-3-1895</b>	9. AGE (last birthday) <b>64</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>LABOR</b>		10b. KIND OF BUSINESS OR INDUSTRY <b>LABOR</b>		11. BIRTHPLACE (City and state or country) <b>St. Louis, Mo.</b>		
12. CITIZEN OF WHAT COUNTRY <b>USA-</b>		13a. FATHER'S NAME <b>WILLIAMS- YOUNG</b>		13b. MOTHER'S MAIDEN NAME <b>Unknown</b>		
14. NAME OF HUSBAND OR WIFE <b>Unknown</b>		15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <b>Yes W.V. #1</b>		16. SOCIAL SECURITY NO. <b>491-14-8623</b>		
17. INFORMANT <b>LEORY YOUNG H225 MAFFITT-</b>		18. 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) <b>Gunshot wound of skull and brain.</b>		INTERVAL BETWEEN ONSET AND DEATH	
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. DUE TO (b) <b>981X</b>		DUE TO (c)	
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a) <b>Suffered when shot</b>		PART III. If deceased was female was there a pregnancy in last 90 days. <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown	

19. WAS AUTOPSY PERFORMED? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	20a. ACCIDENT <input type="checkbox"/> SUICIDE <input type="checkbox"/> HOMICIDE <input checked="" type="checkbox"/>	20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II as item) <b>Shot in back of party at parties unknown of Hooper at 2821 Laclede Ave., exact time unknown, October 3rd 1959.</b>	
20c. TIME OF INJURY Hour <b>?</b> a.m. <b>10:30</b> p.m. <b>59</b>	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.) <b>Home</b>	20f. CITY, TOWN, OR LOCATION <b>St Louis Mo</b>

21. I attended the deceased from **640 P** to **her** and last saw **him** alive on **the date stated above, and to the best of my knowledge, from the causes stated.**

22a. SIGNATURE (Degree or title) <b>Patrick Taylor Connor</b>		22b. ADDRESS <b>1300 Clark</b>		22c. DATE SIGNED <b>10-8-59</b>
23a. BURIAL, CREMATION, REMOVAL (Specify) <b>REMOVAL</b>	23b. DATE <b>10-9-59</b>	23c. NAME OF CEMETERY OR CREMATORY <b>NATIONAL CEMETRY-</b>	23d. LOCATION (City, town, or county) (State) <b>ST LOUIS COUNTY- MO</b>	
24. FUNERAL DIRECTOR <b>PEASTAN FUNERAL-3615 EASTON-</b>		25. DATE RECD. BY LOCAL REG. <b>OCT 8 '59</b>		26. REGISTRAR'S SIGNATURE <b>Earl Smith, M.D.</b>

DOCUMENT

MEDICAL CERTIFICATION

BY AFFIDAVIT OF

**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 Leroy W. Zimmerman

Licensed Embalmer No. 4523

P. O. Address 4251 Wash

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.