

1. PLACE OF DEATH a. COUNTY		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE ILLINOIS b. COUNTY	
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN ST. LOUIS, MO.		Length of stay in 1b 57 DAYS	c. CITY OR TOWN VALMEYER
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION VET ADM HOSPITAL		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	d. STREET ADDRESS (If outside, give location) NONE
		Reside on Farm Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	

3. NAME OF DECEASED (Type or print) First Middle Last WILLIE YOUNG			4. DATE OF DEATH Month Day Year JANUARY 13, 1961		
5. SEX MALE	6. COLOR OR RACE WHITE	7. Married <input checked="" type="checkbox"/> Never Married <input type="checkbox"/> Widowed <input type="checkbox"/> Divorced <input type="checkbox"/>	8. DATE OF BIRTH 6-1-92	9. AGE (last birthday) 68	IF UNDER 1 YEAR Months Days
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) UNKNOWN		10b. KIND OF BUSINESS OR INDUSTRY -	11. BIRTHPLACE (City and state or country) JEWETT, MISSOURI	12. CITIZEN OF WHAT COUNTRY USA	
13a. FATHER'S NAME MART YOUNG		13b. MOTHER'S MAIDEN NAME JANE STACEY		14. NAME OF HUSBAND OR WIFE IDA YOUNG	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, give year or unknown) (If yes, give year or dates of service) YES WWI		16. SOCIAL SECURITY NO. WWI	17. INFORMANT Address IDA YOUNG, VALMEYER, ILL.		

18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c). PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) INFARCTION OF LUNG DUE TO EMBOLISM		INTERVAL BETWEEN ONSET AND DEATH UNKNOWN
DUE TO (b) HYPERTENSIVE CARDIOVASCULAR DISEASE		
DUE TO (c) - 443x H-		

PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a) CARCINOMA OF PROSTATE		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	
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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 a.m. p.m. Month, Day, Year			
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. VA attended the deceased from 11-17-60 to 1-13-61 and last saw ^{or} him alive on 1-13-61
 Death occurred at 2:00 a.m. m on the date stated above, and to the best of my knowledge, from the causes stated.

22a. SIGNATURE Robert D. Utiger M.D. ROBERT D. UTIGER	22b. ADDRESS VAH, ST. LOUIS, MO.	22c. DATE SIGNED 1-13-61
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23a. BURIAL, CREMATION, REMOVAL (Specify) BURIAL	23b. DATE JAN 16, 1961	23c. NAME OF CEMETERY OR CREMATORY NATIONAL CEMETERY	23d. LOCATION (City, town, or county) (State) JEFFERSON BARRACKS MO.
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24. FUNERAL DIRECTOR ADDRESS QUERNHEIM FUNERAL HOME	25. DATE RECD. BY LOCAL REG. JAN 14 1961	26. REGISTRAR'S SIGNATURE Loal Smith, M.D.
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DATE AMENDED

AMENDMENTS ON THIS RECORD ARE AS FOLLOWS

SHOULD READ

ITEM NO.

DOCUMENT

MEDICAL CERTIFICATION

BY AFFIDAVIT OF

NEW YORK

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 Jean Proff

Licensed Embalmer No. 4356

P. O. Address St Louis Mo

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.