ISSOURI DIVISION OF HEALTH — STANDARD CERTIFICATE OF DEATH

-61-023378

RTMENT OF PUBLIC HEALTH AND WELFARE

STATE FILE NUMBER

AMENDED

Registration District No. 218 Primary Registration District No. 1003 Registrar's No. 5406

FILED JUN 16 1961

1. PLACE OF DEATH
a. COUNTY

b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN: St.Louis — Length of stay in 1b

c. FULL NAME OF HOSPITAL OR INSTITUTION (If NOT in hospital, give location): Missouri Baptist Hospital — Inside Limits: Yes [X] No [ ]

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): 4249 Sarpy Ave. — Reside on Farm: Yes [ ] No [X]

3. NAME OF DECEASED (Type or print): First: Lois — Middle: — Last: Young

4. DATE OF DEATH: Month: June — Day: 5, — Year: 1961

5. SEX: Female

6. COLOR OR RACE: White

7. Married [ ] Never Married [X] Widowed [ ] Divorced [ ]

8. DATE OF BIRTH: 5/25/1942

9. AGE (last birthday): 19 — IF UNDER 1 YEAR: Months, Days — IF UNDER 24 HR: Hours, Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Unemployed

10b. KIND OF BUSINESS OR INDUSTRY:

11. BIRTHPLACE (City and state or country): Naylor, Mo.

12. CITIZEN OF WHAT COUNTRY: U.S.

13a. FATHER'S NAME: Thomas Young

13b. MOTHER'S MAIDEN NAME: Flora Kenser

14. NAME OF HUSBAND OR WIFE: None

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.: None

17. INFORMANT: Thomas Young, Address: 4249 Sarpy Ave.

18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).

PART I. DEATH WAS CAUSED BY:

IMMEDIATE CAUSE (a): Lobar Pneumonia Right side — INTERVAL BETWEEN ONSET AND DEATH: 2 days since Birth

Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.

DUE TO (b): Tetralogy of Fallot with

DUE TO (c): myocarditis

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

PART III. If deceased was female was there a pregnancy in last 90 days. [ ] Yes [X] No [ ] Unknown

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.): 754.0

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 6-2-61, to 6-5-61 and last saw her alive on 6-5-61

Death occurred at 5:35 pm m on the date stated above, and to the best of my knowledge, from the causes stated.

22a. SIGNATURE (Degree or title): Dominic J Verda M.D.

22b. ADDRESS: 45000 Live

22c. DATE SIGNED: 6-6-61

23a. BURIAL, CREMATION, REMOVAL (Specify): Removal

23b. DATE: 6-9-61

23c. NAME OF CEMETERY OR CREMATORY: Duck Creek Cemetery

23d. LOCATION (City, town, or county) (State): Puxico, Mo.

24. FUNERAL DIRECTOR — ADDRESS: Albert H. Hoppe, Inc., 4700 Washington Blvd.

25. DATE RECD. BY LOCAL REG.: JUN 9 1961

26. REGISTRAR'S SIGNATURE: Hoad Smith M.D.

MEDICAL CERTIFICATION

AMENDMENTS ON THIS RECORD ARE AS FOLLOWS

ITEM NO. | SHOULD READ | INSTEAD OF | DATE AMENDED

BY AFFIDAVIT OF DOCUMENT

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 Harvey Stable

Licensed Embalmer No. 4596

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.