

FILED FEB 10 1950

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. **3508**
00066
Registrar's No. _____

BIRTH NO. _____		REG. DIST. NO. <u>317</u>		PRIMARY REG. DIST. NO. <u>4076</u>		Registrar's No. _____	
1. PLACE OF DEATH a. COUNTY <u>St. Louis</u>				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>Missouri</u> b. COUNTY <u>2134</u>			
b. CITY (If outside corporate limits, write RURAL and give town or township) <u>Jeff. Brks., Mo.</u>		c. LENGTH OF STAY (in this place) <u>1 month</u>		c. CITY (If outside corporate limits, write RURAL and give township) <u>12 TOWN St. Louis</u>			
d. FULL NAME OF (If not in hospital or institution, give street address or location) HOSPITAL OR INSTITUTION <u>Vet. Adm. Hospt.</u>				d. STREET ADDRESS (If rural, give location) <u>4626 Enright Avenue</u>			
3. NAME OF DECEASED (Type or Print) a. (First) <u>RUFUS</u>		b. (Middle) <u>(NMI)</u>		c. (Last) <u>YOUNG</u>		4. DATE OF DEATH (Month) (Day) (Year) <u>Jan. 6 1950</u>	
5. SEX <u>Male</u>	6. COLOR OR RACE <u>Negro</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Married</u>	8. DATE OF BIRTH <u>5-13-1893</u>		9. AGE (In years last birthday) <u>56</u>	IF UNDER 1 YEAR Months <u>-</u> Days <u>-</u> Hours <u>-</u> Min. <u>-</u>	IF UNDER 4 HRS. Hours <u>-</u> Min. <u>-</u>
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Laborer</u>		10b. KIND OF BUSINESS OR INDUSTRY <u>-</u>		11. BIRTHPLACE (State or foreign country) <u>Pulaski, Tenn.</u>		12. CITIZEN OF WHAT COUNTRY? <u>USA.</u>	
13a. FATHER'S NAME <u>Lafayette Young</u>		13b. MOTHER'S MAIDEN NAME <u>Ruth Brown</u>		14. NAME OF HUSBAND OR WIFE <u>Jeanie Young</u>			
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <u>Yes</u>		16. SOCIAL SECURITY NO. <u>WW-1 488-07-8248</u>		17. INFORMANT'S SIGNATURE OR NAME <u>VA Hospital Records.</u> ADDRESS _____			
18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c) *This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>POST PNEUMONECTOMY FOR FAR ADVANCED FIBROCASEOUS TUBERCULOSIS</u> ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <u>RT LOWER LOBE BRONCHIAL STUMP OPEN</u> DUE TO (c) <u>AURICULAR FIBRILLATION</u> II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. <u>602X</u>				INTERVAL BETWEEN ONSET AND DEATH <u>9 DAYS</u> <u>7 DAYS</u> <u>1 DAY</u> <u>602X</u>	
19a. DATE OF OPERATION <u>12-27-49</u>		19b. MAJOR FINDINGS OF OPERATION <u>EXTENSIVE INVOLVEMENT RM & RLL'S & RUL WAS NONEXPANSILE</u>				20. AUTOPSY? YES <input checked="" type="checkbox"/> NO <input type="checkbox"/>	
21a. ACCIDENT SUICIDE HOMICIDE (Specify) <u>-</u>		21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) <u>-</u>		21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE) <u>-</u>			
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) <u>-</u>		21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21f. HOW DID INJURY OCCUR? <u>-</u>			
22. I hereby certify that I attended the deceased from <u>Dec. 6</u> , 19 <u>49</u> , to <u>Jan. 6</u> , 19 <u>50</u> , and that death occurred at <u>4:00</u> a.m., from the causes and on the date stated above.							
23a. SIGNATURE <u>L. E. STILWELL, M.D., Chf. Prof. Services</u> (Degree or title)				23b. ADDRESS <u>VAH, Jeff. Brks., Mo.</u>		23c. DATE SIGNED <u>1-6-50</u>	
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>		24b. DATE <u>1/10/50</u>	24c. NAME OF CEMETERY OR CREMATORY <u>National Cemetery</u>		24d. LOCATION (City, town, or county) (State) <u>Jefferson Barracks, Mo</u>		
DATE REC'D BY LOCAL REG. <u>1-9-50</u>		REGISTRAR'S SIGNATURE <u>Robert A. Donk</u>		25. FUNERAL DIRECTOR'S SIGNATURE <u>GATES FUNERAL HOME</u>		ADDRESS <u>4107 Finney Ave., St. Louis, Mo.</u>	

WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

STATEMENT BY LICENSED EMBALMER

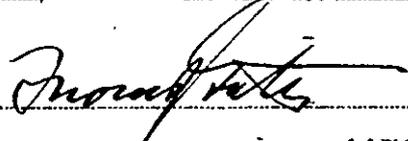
I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me, or by _____

Student Embalmer No. _____

working under my personal supervision.

Student
Student Embalmer

Signed _____



Licensed Embalmer No. ~~4476~~ ⁴⁴⁵⁷

P. O. Address 4107 Finney Avenue

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 this body is not embalmed, fact should be so stated above.