

FILED MAR 8 1950

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 6989

317

BIRTH NO. _____ REG. DIST. NO. _____ PRIMARY REG. DIST. NO. 3063 Registrar's No. 520

1. PLACE OF DEATH a. COUNTY ST Louis		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE Mo b. COUNTY St Louis	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN So. Kinloch CLAYTON		c. LENGTH OF STAY (in this place) 7 DYS	
d. FULL NAME OF HOSPITAL OR INSTITUTION St Louis City Hosp		e. CITY (If outside corporate limits, write RURAL and give township) OR TOWN So. Kinloch 4090	
f. STREET ADDRESS (If rural, give location) Winton & Hick Ave			
3. NAME OF DECEASED a. (First) SAMUEL		b. (Middle)	
c. (Last) YOUNG		4. DATE OF DEATH (Month) (Day) (Year) 2 27 50	
5. SEX M	6. COLOR OR RACE Negro	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Widow	8. DATE OF BIRTH 1-12-1889
9. AGE (in years last birthday) 61		IF UNDER 1 YEAR Months 1 Days 27 Hours 57 Min.	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) LABORER		10b. KIND OF BUSINESS OR INDUSTRY Farmer	
11. BIRTHPLACE (State or foreign country) Shelby Ctr Tenn		12. CITIZEN OF WHAT COUNTRY? U.S.A.	
13a. FATHER'S NAME Unknown		13b. MOTHER'S MAIDEN NAME Unknown	
14. NAME OF HUSBAND OR WIFE Widowed			
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown) (If yes, state war or dates of service) No		16. SOCIAL SECURITY NO. No	
17. INFORMANT'S SIGNATURE OR NAME Lucille Gregory		ADDRESS 4503 N Taylor	
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, asphyxia, etc. It means the disease, injury, or complication which caused death.		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Carcinoma of the lung	
ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) _____ DUE TO (c) _____		INTERVAL BETWEEN ONSET AND DEATH	
II. OTHER SIGNIFICANT CONDITIONS: Conditions contributing to the death but not related to the disease or condition causing death.			
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION 163X	
20. AUTOPSY? YES <input checked="" type="checkbox"/> NO <input type="checkbox"/>			
21a. ACCIDENT SUICIDE HOMICIDE (Specify)		21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)	
21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)			
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) (Min.)		21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	
21f. HOW DID INJURY OCCUR?			
22. I hereby certify that I attended the deceased from 2-18-1950 to 2-27-1950 , that I last saw the deceased alive on 2-27-1950 , and that death occurred at 7:45 PM , from the causes and on the date stated above.			
23a. SIGNATURE (Degree or title) R. R. Cable		23b. ADDRESS 601 So. Brentwood	
23c. DATE SIGNED 2-27-50			
24a. BURIAL, CREMATION, REMOVAL (Specify) BURIAL		24b. DATE 3-3-1950	
24c. NAME OF CEMETERY OR CREMATORY Washington PK Cem		24d. LOCATION (City, town, or county) (State) ST. LOUIS CO., Mo.	
DATE REC'D BY LOCAL REG. MAR 1 1950		REGISTRAR'S SIGNATURE Herbert R. ...	
25. FUNERAL DIRECTOR'S SIGNATURE BOYD BROTHERS		ADDRESS SOUTH KINLOCH	

(Licensed Embalmers' Statement on Reverse Side)

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

No. 300
10.48

002

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

Edward A Flynn

Licensed Embalmer No. *HH44*

P. O. Address *4548^g Page*

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.