

No. 500
10.48

FILED SEP 9 1950

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 29079

BIRTH NO. _____ REG. DIST. NO. 317 PRIMARY REG. DIST. NO. 6076 Registrar's No. 2107

1. PLACE OF DEATH a. COUNTY <u>St. Louis</u> <u>School and Behle</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>Mo.</u> b. COUNTY <u>Louis</u>	
b. CITY (If outside corporate limits, write RURAL and give township) <u>So Kinloch</u>		c. LENGTH OF STAY (In this place) <u>3 yrs</u>	
c. CITY (If outside corporate limits, write RURAL and give township) <u>So Kinloch</u>		4090	
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>School and Behle</u>		d. STREET ADDRESS (If rural, give location) <u>1001 School</u>	
3. NAME OF DECEASED a. (First) <u>Albert</u>		b. (Middle) _____	
c. (Last) <u>Young Jr</u>		4. DATE OF DEATH (Month) <u>9</u> (Day) <u>1</u> (Year) <u>1950</u>	
5. SEX <u>Male</u>	6. COLOR OR RACE <u>Nergo</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>MARRIED</u>	8. DATE OF BIRTH <u>March 12, 1880</u>
9. AGE (In years (at birthday) <u>70</u>)		10. IF UNDER 1 YEAR: Months _____ Days _____	
11. IF UNDER 16 HRS: Hours _____ Min. _____		11. BIRTHPLACE (State or foreign country) <u>Covington Tenn.</u>	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Barbar</u>		10b. KIND OF BUSINESS OR INDUSTRY _____	
12. CITIZEN OF WHAT COUNTRY? <u>US</u>		13a. FATHER'S NAME <u>Albert Young</u>	
13b. MOTHER'S MAIDEN NAME <u>Mary Robertson</u>		14. NAME OF HUSBAND OR WIFE <u>Hazil Young</u>	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <u>NO</u>		16. SOCIAL SECURITY NO. <u>UNK.</u>	
17. INFORMANT'S SIGNATURE OR NAME <u>Lillie Grey</u>		ADDRESS <u>1001 School Dr.</u>	
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, asthma, etc. It means the disease, injury, or complication which caused death.		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Myocarditis</u> ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <u>Hypotension</u> DUE TO (c) _____ 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	
20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>		INTERVAL BETWEEN ONSET AND DEATH <u>year 1/2</u>	
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) _____	
21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input checked="" type="checkbox"/>		21f. HOW DID INJURY OCCUR? _____	
22. I hereby certify that I attended the deceased from <u>6-7-1950</u> , to <u>9-30-1950</u> , that I last saw the deceased alive on <u>8-30-1950</u> , and that death occurred at <u>9:45</u> m., from the causes and on the date stated above.			
23a. SIGNATURE <u>[Signature]</u>		23b. ADDRESS <u>634 Crown Road, St. Louis, Mo.</u>	
23c. DATE SIGNED <u>9-3-50</u>		23d. LOCATION (City, town, or county) (State) <u>St. Louis Cty. Mo</u>	
24a. BURIAL CREMATORY (Specify)		24b. DATE <u>9-8-50</u>	
24c. NAME OF CEMETERY OR CREMATORY <u>Washington Park Cem</u>		24d. LOCATION (City, town, or county) (State) <u>St. Louis Cty. Mo</u>	
DATE REC'D BY LOCAL REG. <u>9-5-50</u>		REGISTRAR'S SIGNATURE <u>Herbert R. Senke M.D.</u>	
25. FUNERAL DIRECTOR'S SIGNATURE <u>[Signature]</u>		ADDRESS <u>Boyd Bros Funeral Home Kinloch</u>	

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

RWR (Licensed Embalmer's Statement on Reverse Side)

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.

4444

P. O. Address

4548^A 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.