

THE DIVISION OF HEALTH OF THE STATE OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

FILED OCT 27 1950

State File No. **34861**  
**8828**  
Registrar's No. ....

BIRTH NO. ....		REG. DIST. NO. <b>318</b>		PRIMARY REG. DIST. NO. ....		Registrar's No. ....	
1. PLACE OF DEATH a. COUNTY				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <b>MO</b> b. COUNTY			
b. CITY (If outside corporate limits, write RURAL, and give township) OR TOWN <b>St Louis MO</b>		c. LENGTH OF STAY (in this place)		c. CITY (If outside corporate limits, write RURAL, and give township) OR TOWN <b>St Louis MO</b>		2229	
d. FULL NAME OF HOSPITAL OR INSTITUTION <b>501 So. Jefferson Ave</b>				d. STREET ADDRESS (If rural, give location) <b>501 So. Jefferson Ave.</b>			
3. NAME OF DECEASED (Type or Print) a. (First) <b>Young</b> b. (Middle) <b>Hadley</b> c. (Last)			4. DATE OF DEATH (Month) (Day) (Year) <b>10-15-50</b>				
5. SEX <b>Male</b>		6. COLOR OR RACE <b>White</b>		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify)		8. DATE OF BIRTH <b>Not known abt 48</b>	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <b>Laborer</b>		10b. KIND OF BUSINESS OR INDUSTRY <b>himself</b>		11. BIRTHPLACE (State or foreign country) <b>Ark</b>		12. CITIZEN OF WHAT COUNTRY? <b>U.S.A.</b>	
13a. FATHER'S NAME <b>Not known</b>		13b. MOTHER'S MAIDEN NAME <b>Not known</b>		14. NAME OF HUSBAND OR WIFE <b>Elnora Hadley</b>			
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <b>no</b>		16. SOCIAL SECURITY NO. <b>no</b>		17. INFORMANT'S SIGNATURE OR NAME <b>Elnora Hadley</b> 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, asthma, etc. It means the disease, injury, or complication which caused death.		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <b>Lobar Pneumonia 9 days</b> ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) _____ DUE TO (c) _____ II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.					INTERVAL BETWEEN ONSET AND DEATH
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION				20. AUTOPSY? YES <input 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 <b>H70X.</b>			
22. I hereby certify that I attended the deceased from <b>Oct 6 1950</b> to <b>Oct 15, 1950</b> , that I last saw the deceased alive on <b>Oct 14, 1950</b> , and that death occurred at <b>9:55 am.</b> , from the causes and on the date stated above.							
23a. SIGNATURE (Degree or title) <b>W. H. Beal M.D.</b>				23b. ADDRESS <b>302 S. Jefferson</b>		23c. DATE SIGNED <b>10/17/50</b>	
24a. BURIAL, CREMATION, OR REMOVAL (Specify)		24b. DATE <b>10-23-50</b>		24c. NAME OF CEMETERY OR CREMATORY <b>Washington Park</b>		24d. LOCATION (City, town, or county) (State) <b>St. Louis MO.</b>	
DATE REC'D BY LOCAL REG. <b>OCT 18 1950</b>		REGISTRAR'S SIGNATURE <b>J. B. Sabater</b>		25. FUNERAL DIRECTOR'S SIGNATURE <b>W. H. Beal M.D.</b> ADDRESS <b>2726 Riverside</b>			

(Licensed Embalmer's Statement on Reverse Side)

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 \_\_\_\_\_

working under my personal supervision.

Signed.....  
Student Embalmer

~~Student Embalmer~~ No.....

Signed *Leroy H. Bannister*

Licensed Embalmer No. *4523*

P. O. Address *3850 E. 1st St.*

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.