

FILED JAN 13 1951

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

43057

State File No. 11220

Registrar's No. 11220

BIRTH NO. _____		REG. DIST. NO. 318		PRIMARY REG. DIST. NO. 1003		Registrar's No. 11220	
1. PLACE OF DEATH a. COUNTY 3				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE Missouri b. COUNTY D 22			
b. CITY (If outside corporate limits, write RURAL and give town) Saint Louis		c. LENGTH OF STAY (in this place) 37 Yrs		c. CITY (If outside corporate limits, write RURAL and give township) Saint Louis		d. FULL NAME OF HOSPITAL OR INSTITUTION La Roche Home Phyllys	
3. NAME OF DECEASED a. (First) Gertrude b. (Middle) _____ c. (Last) Young				4. DATE OF DEATH (Month) (Day) (Year) 12-28th 1950			
5. SEX 3 Female		6. COLOR OR RACE Colored		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Married		8. DATE OF BIRTH Jan. 18, 1878	
9. AGE (In years last birthday) 72		IF UNDER 1 YEAR Months 11 Days 9		IF UNDER 24 HRS. Hours _____ Min. _____		10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Housewife	
10b. KIND OF BUSINESS OR INDUSTRY Home		11. BIRTHPLACE (State or foreign country) Alabama		12. CITIZEN OF WHAT COUNTRY? U.S.A.		13a. FATHER'S NAME James Clark	
13b. MOTHER'S MAIDEN NAME Mary Jane		14. NAME OF HUSBAND OR WIFE Meredith W. Young		15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) None		16. SOCIAL SECURITY NO. None	
17. INFORMANT'S SIGNATURE OR NAME Meredith W. Young		ADDRESS 2620 Spruce St.		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.			
I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (a) 2nd + 3rd Degree Burn of entire body when declared, clothing became due to (b) ignited in fire caused by hot coals falling to wooden floor from the stove located alongside of the bed at her home at 2620 Spruce St on Dec-28th 1950				INTERVAL BETWEEN ONSET AND DEATH Accident 000			
ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.				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 Lat about 10:45 a.m.		20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>		21a. ACCIDENT (Specify) Suicide	
21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) Home		21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE) St Louis Mo.		21d. TIME OF INJURY (Month) (Day) (Year) (Hour) 12-28-50 10:45 a.m.		21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	
21f. HOW DID INJURY OCCUR? See above 69160		22. I hereby certify that I attended the deceased from _____, 19____, to _____, 19____, that I last saw the deceased alive on _____, 19____, and that death occurred at 10:45 a.m. , from the causes and on the date stated above.				23a. SIGNATURE Joseph H. Quinn Deputy Coroner	
23b. ADDRESS 1300 Clark		23c. DATE SIGNED 12/30/50		24a. BURIAL, CREMATION, REMOVAL (Specify) removal		24b. DATE 1-2-1951	
24c. NAME OF CEMETERY OR CREMATORY Little Rock		24d. LOCATION (City, town, or county) (State) Arkansas		DATE REC'D BY LOCAL HEALTH DEPT. DEC 30 1950		REGISTRAR'S SIGNATURE J. B. Pasater	
25. FUNERAL DIRECTOR'S SIGNATURE Peoples Und. Co.,		ADDRESS 3100 Franklin Av.		(Licensed Embalmer's Statement on Reverse Side)			

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

197

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 *H. Claude Gordon*.....

Licensed Embalmer No. *3489*.....

P. O. Address *4575 Aldene*.....

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.