

No. 300
10-48

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Reg # 1195808 T 10 1951

STANDARD CERTIFICATE OF DEATH

32230

State File No.
Registrar's No. 3209

BIRTH NO. _____ REG. DIST. NO. 37 PRIMARY REG. DIST. NO. 6076

1. PLACE OF DEATH a. COUNTY ST. LOUIS		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE MISSOURI	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN JEFF BRKS. MISSOURI		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN ST. LOUIS 2219	
d. FULL NAME OF HOSPITAL OR INSTITUTION VETERANS ADM. HOSPITAL		d. STREET ADDRESS (If rural, give location) 912 GARRISON 1	

3. NAME OF DECEASED (Type or Print) a. (First) JOHN	b. (Middle) C.	c. (Last) YOUNG	4. DATE OF DEATH (Month) (Day) (Year) 9-19-51
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5. SEX MALE	6. COLOR OR RACE NEGRO	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) SINGLE ()	8. DATE OF BIRTH 4-9-11	9. AGE (In years last birthday) (Month) (Day) (Year) 40	10. UNDER 1 YEAR (Hours) (Min.)	11. UNDER 24 HRS. (Hours) (Min.)
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10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) MUSICIAN	10b. KIND OF BUSINESS OR INDUSTRY -	11. BIRTHPLACE (State or foreign country) CAPE GIRARDEAU, MO.	12. CITIZEN OF WHAT COUNTRY? USA
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13a. FATHER'S NAME PAUL YOUNG	13b. MOTHER'S MAIDEN NAME ROSA (UNKNOWN)	14. NAME OF HUSBAND OR WIFE SINGLE
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15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) YES WW2	16. SOCIAL SECURITY NO. 314 16 7450	17. INFORMANT'S SIGNATURE OR NAME VA HOSPITAL RECORDS, JEFF BRKS., MO	ADDRESS
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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, ashenia, etc. It means the disease, injury, or complication which caused death.	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) MILIARY TUBERCULOSIS		INTERVAL BETWEEN ONSET AND DEATH
	ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) 019.2		
	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 checked="" type="checkbox"/> NO <input type="checkbox"/>
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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 **8-2-51**, 19**51**, to **9-19-**, 19**51**, that ~~death~~ ~~occurred~~ ~~and~~ ~~that~~ ~~death~~ ~~occurred~~ ~~at~~ ~~1:15P.~~ ~~m.~~, from the causes and on the date stated above.

23a. SIGNATURE <i>J. E. Stillewell, M.D.</i>	(Degree or title) M.D.	23b. ADDRESS VA HOSP. JEFF BRKS., MO.	23c. DATE SIGNED 9-20-51
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24a. BURIAL, CREMATION, REMOVAL (Specify) Burial	24b. DATE 9-24-51	24c. NAME OF CEMETERY OR CREMATORY Jefferson Barracks	24d. LOCATION (City, town, or county) (State) St Louis, Mo
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DATE REC'D BY LOCAL REG. 9-22-51	REGISTRAR'S SIGNATURE <i>Hubert R. Donke, M.P.</i>	25. FUNERAL DIRECTOR'S SIGNATURE A.L. Beal Und. Co., 4303 Delmar, St. Louis, Mo	ADDRESS
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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

Arthur L. Hilliard

Licensed Embalmer No. *4221*

P. O. Address *4740 - 27th Ave*

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. C.