No. 300
10.48

FILED MAR 29 1952

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 10793

BIRTH NO. _____ REG. DIST. NO. 318 PRIMARY REG. DIST. NO. 1003 Registrar's No. 2313

1. PLACE OF DEATH a. COUNTY St. Louis City	2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE Missouri b. COUNTY Cole
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township) St. Louis c. LENGTH OF STAY (in this place) Feb 20-52	c. CITY OR TOWN (If outside corporate limits, write RURAL and give township) Jefferson City 0264
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location) MISSOURI Pacific Hospital	d. STREET ADDRESS (If rural, give location) 133 West McCarty

3. NAME OF DECEASED (Type or Print)	a. (First) RICHARD	b. (Middle) Shelby	c. (Last) Young	4. DATE OF DEATH (Month) (Day) (Year) Mar-11-1952
5. SEX Male	6. COLOR OR RACE White	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Married	8. DATE OF BIRTH July 31-1871	9. AGE (In years last birthday) 80 — IF UNDER 1 YEAR Months Days — IF UNDER 24 HRS. Hours Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Conductor	10b. KIND OF BUSINESS OR INDUSTRY Railroad	11. BIRTHPLACE (State or foreign country) Quitman, Mo.		12. CITIZEN OF WHAT COUNTRY? U.S.
13a. FATHER'S NAME Thomas C. Young	13b. MOTHER'S MAIDEN NAME Emma Warren	14. NAME OF HUSBAND OR WIFE Viola		
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) No (If yes, give war or dates of service)	16. SOCIAL SECURITY NO. 702-14-4316	17. INFORMANT'S SIGNATURE OR NAME John L. Young, 6820 Beechwood, Houston Texas		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, asthenia, etc. It means the disease, injury, or complication which caused death.

MEDICAL CERTIFICATION

		INTERVAL BETWEEN ONSET AND DEATH
I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH*	(a) Carcinoma of Tongue	1-21-52
ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.	DUE TO (b) Fracture Left Femur at Hip	2-16-52
	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 None	19b. MAJOR FINDINGS OF OPERATION 842	20. AUTOPSY? YES ☐ NO ☒
21a. ACCIDENT ~~SUICIDE~~ ~~HOMICIDE~~ (Specify) Feb 16-52	21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) Home-	21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE) Houston- Texas
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) Feb 16-52 9 P m.	21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☒	21f. HOW DID INJURY OCCUR? Fall at Son's Home E9030-20

22. *I hereby certify that I attended the deceased from* Feb-20, 1952, *to* Mar-11, 1952, *that I last saw the deceased alive on* Mar 11, 1952, *and that death occurred at* 6:30A *m., from the causes and on the date stated above.*

23a. SIGNATURE (Degree or title) Joseph A. Lenbeck MD	23b. ADDRESS 1788 S. Grand Blvd	23c. DATE SIGNED 3-11-52
24a. BURIAL, CREMATION, REMOVAL (Specify) Removal	24b. DATE 3-12-52	24c. NAME OF CEMETERY OR CREMATORY
24d. LOCATION (City, town, or county) (State) Lexington, Mo.		
DATE REC'D BY LOCAL REG. MAR 11 1952	REGISTRAR'S SIGNATURE J Earl Smith MD	25. FUNERAL DIRECTOR'S SIGNATURE Albert H. Hoppe, 4700 Washington Blvd. ADDRESS

(Licensed Embalmer's Statement on Reverse Side)

CORONER Requests Undertaker Bring Certificate to Him for approval

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

MAR 29

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~~ Me

....., Student Embalmer No. .....

working under my personal supervision.

Student .....
Student Embalmer

Signed Elton R. H. Remelius

Licensed Embalmer No. 4283

P. O. Address St. Louis, Mo

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply w the above constitutes grounds for revocation of license.)

If this body is not embalmed, fact should be so stated above.