

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

State File No. **22851**  
Registrar's No. **4775**

**FILED JUN 21 1952**

BIRTH NO. \_\_\_\_\_ REG. DIST. NO. **318** PRIMARY REG. DIST. NO. **1003**

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

1. PLACE OF DEATH a. COUNTY			2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE <b>Missouri</b> b. COUNTY <b>St. Louis</b>		
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <b>St. Louis</b>		c. LENGTH OF STAY (In this place) <b>4 Days</b>	c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <b>Jennings</b> <b>4138</b>		
d. FULL NAME OF HOSPITAL OR INSTITUTION <b>DePaul Hospital</b>			d. STREET ADDRESS (If rural, give location) <b>8327 College Ave.</b>		
3. NAME OF DECEASED (Type or Print) a. (First) <b>Edward</b>		b. (Middle)		c. (Last) <b>Young</b>	
4. DATE OF DEATH <b>May 21, 1952.</b>		5. SEX <b>male</b>		6. COLOR OR RACE <b>white</b>	
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <b>married</b>		8. DATE OF BIRTH <b>April 27, 1888</b>		9. AGE (In years last birthday) <b>64</b>	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <b>Retired</b>		10b. KIND OF BUSINESS OR INDUSTRY <b>Meat &amp; Grocery</b>		11. BIRTHPLACE (State or foreign country) <b>St. Louis, Missouri.</b>	
12. CITIZEN OF WHAT COUNTRY? <b>U.S.A.</b>		13a. FATHER'S NAME <b>August Young</b>		13b. MOTHER'S MAIDEN NAME <b>Emily Van Vorn</b>	
14. NAME OF HUSBAND OR WIFE <b>Julia Young</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>none</b>	
17. INFORMANT'S SIGNATURE OR NAME <b>Mrs. Julia Young</b>		18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c) <b>HEMIPLEGIA</b>		19. ADDRESS <b>8327 College Ave.</b>	
I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <b>Hemiplegia</b>		II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.		INTERVAL BETWEEN ONSET AND DEATH	
*This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.		ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <b>Arterio Sclerosis</b>			
DUE TO (c)		19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION	
20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" 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>4200</b>		22. I hereby certify that I attended the deceased from <b>May 17, 1952</b> , to <b>May 21, 1952</b> , that I last saw the deceased alive on <b>May 21, 1952</b> , and that death occurred at <b>11:50 Pm.</b> , from the causes and on the date stated above.			
23a. SIGNATURE <b>A.A. Med</b>		(Degree or title) <b>M.D.</b>		23b. ADDRESS <b>3901 W. Florissant</b>	
23c. DATE SIGNED <b>5/23/52</b>		24a. BURIAL, CREMATION, REMOVAL (Specify) <b>Removal</b>		24b. DATE <b>5-24-52.</b>	
24c. NAME OF CEMETERY OR CREMATORY <b>St. Johns Cemetery</b>		24d. LOCATION (City, town, or county) (State) <b>St. Louis Co. Missouri.</b>			
DATE REC'D BY LOCAL REGISTRAR'S SIGNATURE <b>MAY 23 1952</b> <b>Carl Smith M.D.</b>		25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS <b>Math Hermann &amp; Son, Inc. 2161 E. Fair Ave.</b>			

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 *Hulford G Burnley* \_\_\_\_\_

Licensed Embalmer No. *49702* \_\_\_\_\_

P. O. Address *St Louis Mo* \_\_\_\_\_

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.