

THE DIVISION OF HEALTH OF MISSOURI  
 STANDARD CERTIFICATE OF DEATH

22854

State File No. \_\_\_\_\_  
 Registrar's No. **6095**

BIRTH NO. _____		REG. DIST. NO. <b>318</b>		PRIMARY REG. DIST. NO. <b>1003</b>		REGISTRAR'S NO. <b>6095</b>	
1. PLACE OF DEATH a. COUNTY _____				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE <b>Illinois</b> b. COUNTY _____			
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>1 Week</b>		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <b>Temps.</b>			
d. FULL NAME OF HOSPITAL OR INSTITUTION <b>Park Lane Hosp</b>				d. STREET ADDRESS (If rural, give location)			
3. NAME OF DECEASED (Type or Print) a. (First) <b>Zelphia</b> b. (Middle) <b>Virginia</b> c. (Last) <b>YOUNG</b>			4. DATE OF DEATH (Month) (Day) (Year) <b>June 27, 1952</b>				
5. SEX <b>Female</b>	6. COLOR OR RACE <b>White</b>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <b>Widowed</b>	8. DATE OF BIRTH <b>July 11, 1874</b>		9. AGE (In years last birthday) <b>77</b>	IF UNDER 1 YEAR Months _____ Days _____	IF UNDER 10 HRS. Hours _____ Min. _____
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <b>Housewife</b>		10b. KIND OF BUSINESS OR INDUSTRY <b>At. Home</b>	11. BIRTHPLACE (City and State or Foreign Country) <b>Delta, Ill.</b>		12. CITIZEN OF WHAT COUNTRY? <b>USA</b>		
13a. FATHER'S NAME <b>Zade Vick</b>		13b. MOTHER'S MAIDEN NAME <b>Unknown</b>		14. NAME OF HUSBAND OR WIFE <b>Alby V. 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 ADDRESS <b>Esther Lekos, 4145 Maryland, St. Louis, Mo.</b>				
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>heart stroke</b>				INTERVAL BETWEEN ONSET AND DEATH <b>1 hr</b>		
	ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.		DUE TO (b) <b>pleural effusion</b>		<b>3 days</b>		
			DUE TO (c) <b>carcinoma lung</b>		<b>3 months</b>		
	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 <b>See July 27, 1952</b>					20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	
21a. ACCIDENT SUICIDE HOMICIDE (Specify)	21b. PLACE OF INJURY (In case of accident home, farm, factory, street, other (specify))	21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)					
21d. TIME OF INJURY (Month) (Day) (Year) (Hour)	21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	21f. HOW DID INJURY OCCUR? <b>163X</b>					
22. I hereby certify that I attended the deceased from <b>5-9, 1952</b> to <b>6-27, 1952</b> that I last saw the deceased alive on <b>6-26, 1952</b> and that death occurred at <b>1308 m.</b> , from the causes and on the date stated above.							
23a. SIGNATURE (Degree or title) <b>M. B. Kappesser MD</b>			23b. ADDRESS <b>3284 Evanlue</b>		23c. DATE SIGNED		
24a. BURIAL, CREMATION, REMOVAL (Specify) <b>Removal</b>	24b. DATE <b>June 29, 1952</b>	24c. NAME OF CEMETERY OR CREMATORY <b>St. Johns</b>		24d. LOCATION (City, town, or county) (State) <b>Jonesboro, Ill.</b>			
DATE REC'D BY LOCAL REGISTRAR'S SIGNATURE <b>JUN 30 1952</b>	REGISTRAR'S SIGNATURE <b>J. C. Smith MD</b>		25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS <b>McLaughlin Funeral Home, 2301 Lafayette</b>				

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

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**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 James R. Chapman

Licensed Embalmer No. 4550

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.