

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

26517

FILED JUL 22 1952

State File No. _____
Registrar's No. **6309**

BIRTH NO. _____		REG. DIST. NO. 318		PRIMARY REG. DIST. NO. 1003		Registrar's No. 6309	
1. PLACE OF DEATH a. COUNTY _____				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE Mo b. COUNTY _____			
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN St. Louis, Missouri		c. LENGTH OF STAY (in this place) _____		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN St Louis		d. STREET ADDRESS (If rural, give location) 24 3438 Kosciusko	
d. FULL NAME OF HOSPITAL OR INSTITUTION St. Louis City Hospital #1				4. DATE OF DEATH (Month) (Day) (Year) JUNE 20, 1952			
3. NAME OF DECEASED (Type or Print) CELESTE		a. (First)		b. (Middle)		c. (Last) YOUNG	
5. SEX F		6. COLOR OR RACE W		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) W		8. DATE OF BIRTH Sept 16-1917	
9. AGE (In years last birthday) 34		IF UNDER 1 YEAR Months _____ Days _____		IF UNDER 1 YEAR Hours _____ Min. _____		11. BIRTHPLACE (City and State or Foreign Country) St Louis Mo	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) None				10b. KIND OF BUSINESS OR INDUSTRY _____		12. CITIZEN OF WHAT COUNTRY? _____	
13a. FATHER'S NAME Henry DeLisle			13b. MOTHER'S MAIDEN NAME Elizabeth Powels			14. NAME OF HUSBAND OR WIFE Fred Young	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) _____		16. SOCIAL SECURITY NO. _____		17. INFORMANT'S SIGNATURE OR NAME ADDRESS Jm. DeLisle 2524 N. 22nd.			
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) Cerebral Vascular Thrombosis ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) Generalized Arteriosclerosis DUE TO (c) _____ II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.				INTERVAL BETWEEN ONSET AND DEATH _____	
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) _____		21f. HOW DID INJURY OCCUR? 4.500	
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) _____		21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		22. I hereby certify that I attended the deceased from 6-24-52 , 19____, to 6-30-52 , 19____, that I last saw the deceased alive on 6-30-52 , 19____, and that death occurred at 11:30A m. , from the causes and on the date stated above.			
23a. SIGNATURE (Degree or title) F.J. Costanzo M.D.				23b. ADDRESS 1515 Lafayette Avenue		23c. DATE SIGNED 6-30-52	
24a. BURIAL, CREMATION, REMOVAL (Specify) B		24b. DATE 7/3/52		24c. NAME OF CEMETERY OR CREMATORY National Jefferson		24d. LOCATION (City, town, or county) (State) St Louis County	
DATE REC'D BY LOCAL REG. JUL 2 1952		REGISTRAR'S SIGNATURE Carl Smith MA		25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS Central Funeral Home 1841 Cass			

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

2178

(Licensed Embalmer's Statement on Reverse Side)

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

J. Wm D. Embler

Licensed Embalmer No. 3657

P. O. Address San M

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.