

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

State File No. **30218**  
**7626**  
Registrar's No.

**FILED** SEP 3 - 1952

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

1. PLACE OF DEATH  
a. COUNTY \_\_\_\_\_  
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN **St. Louis**  
c. LENGTH OF STAY (in this place) **0**  
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location) **Homer G. Phillips Hospital**

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).  
a. STATE **Missouri**  
b. COUNTY **2119**  
c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN **St. Louis**  
d. STREET ADDRESS (If rural, give location) **3840 Evans Avenue**

3. NAME OF DECEASED  
a. (First) **Beatrice** b. (Middle) **Lewis** c. (Last) **Young**  
4. DATE OF DEATH (Month) (Day) (Year) **August 6, 1952**

5. SEX **Female** 6. COLOR OR RACE **Negro** 7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) **Divorced** 8. DATE OF BIRTH **Jan. 31, 1902** 9. AGE (in years last birthday) **50**

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) **None** 10b. KIND OF BUSINESS OR INDUSTRY **Housewife** 11. BIRTHPLACE (State or foreign country) **Russellville Kentucky** 12. CITIZEN OF WHAT COUNTRY? **USA**

13a. FATHER'S NAME **Toney Lewis** 13b. MOTHER'S MAIDEN NAME **Laura Watson** 14. NAME OF HUSBAND OR WIFE **Charlie Warren**

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) **NO** 16. SOCIAL SECURITY NO. **NONE** 17. INFORMANT'S SIGNATURE OR NAME **John Lewis Young** ADDRESS **3640 Evans Ave.**

18. CAUSE OF DEATH  
Enter only one cause per line for (a), (b), and (c)  
**MEDICAL CERTIFICATION**  
I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH\* (a) **Cerebral Hemorrhage** INTERVAL BETWEEN ONSET AND DEATH **Undetermined**  
\*This does not mean the mode of dying, such as heart failure, asphyxia, 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) **Hypertension**  
DUE TO (c) \_\_\_\_\_  
II. OTHER SIGNIFICANT CONDITIONS  
Conditions contributing to the death but not related to the disease or condition causing death.  
**Diabetes Mellitus**

19a. DATE OF OPERATION \_\_\_\_\_ 19b. MAJOR FINDINGS OF OPERATION \_\_\_\_\_ 20. AUTOPSY? YES  NO

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) \_\_\_\_\_ 21e. INJURY OCCURRED WHILE AT WORK  NOT WHILE AT WORK  21f. HOW DID INJURY OCCUR \_\_\_\_\_

22. I hereby certify that I attended the deceased from **August 3, 1952**, to **Aug. 6, 1952**, that I last saw the deceased alive on **Aug. 6, 1952**, and that death occurred at **9:05 A. m.**, from the causes and on the date stated above.

23a. SIGNATURE **E. Brooks** (Degree or title) **M.D.** 23b. ADDRESS **2601 N. Whittier St.** 23c. DATE SIGNED **August 7, 1952**

24a. BURIAL, CREMATION, REMOVAL (Specify) **Removal** 24b. DATE **8/12/52** 24c. NAME OF CEMETERY OR CREMATORY **Washington Park** 24d. LOCATION (City, town, or county) (State) **St. Louis, County, Mo.**

DATE REC'D BY LOCAL REG. **AUG 11 1952** REGISTRAR'S SIGNATURE **J. Carl Smith M.D.** 25. FUNERAL DIRECTOR'S SIGNATURE **E. Brooks** ADDRESS **1271 N. Grand**

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 \_\_\_\_\_

working under my personal supervision.

Signed.....  
Student Embalmer

Student Embalmer No.....

Signed Eurene Adams

Licensed Embalmer No. 4755

P. O. Address 127 1/2 Grand

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.

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