

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

12565

State File No. 2914

No. 300  
10-48

FILED APR 4 1953

REG. DIST. NO. 318 PRIMARY REG. DIST. NO. 1003

Registrar's No.

1. PLACE OF DEATH a. COUNTY		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE Missouri b. COUNTY	
b. CITY (If outside corporate limits, write RURAL and give town) ST. LOUIS, MISSOURI		c. CITY (If outside corporate limits, write RURAL and give township) St. Louis 2199	
d. FULL NAME OF HOSPITAL OR INSTITUTION BARNES HOSPITAL		d. STREET ADDRESS 415 Whittier St. 0	
3. NAME OF DECEASED (Type or Print) a. (First) CARL b. (Middle) STANLEY c. (Last) YOUNG		4. DATE OF DEATH (Month) (Day) (Year) 3 17 53	
5. SEX Male	6. COLOR OR RACE White	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Single	8. DATE OF BIRTH May 12, 1892
9. AGE (In years last birthday) 60		10. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Confectionary Store (operator)	11. BIRTHPLACE (City and State or Foreign Country) Lincoln, Nebraska /
12. CITIZEN OF WHAT COUNTRY? USA		13. FATHER'S NAME William K. Young.	
13b. MOTHER'S MAIDEN NAME Eva unk		14. NAME OF HUSBAND OR WIFE none	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) Yes		16. SOCIAL SECURITY NO. W.W. I unk	
17. INFORMANT'S SIGNATURE OR NAME Dwight K. Young;		ADDRESS Lincoln, Nebraska.	
MEDICAL CERTIFICATION			
18. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION	
19a. DATE OF OPERATION		20. AUTOPSY? YES <input checked="" type="checkbox"/> NO <input 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. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)	
21e. HOW DID INJURY OCCUR?		21f. HOW DID INJURY OCCUR?	
21g. TIME OF INJURY (Month) (Day) (Year) (Hour)		21h. 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 2-21, 1953, to 3-17, 1953, that I last saw the deceased alive on 3-17, 1953, and that death occurred at 1:20 a. m., from the causes and on the date stated above.			
23a. SIGNATURE FR [Signature]		23b. ADDRESS BARNES HOSPITAL	
23c. DATE SIGNED 3-17-53		23d. DATE SIGNED	
24a. BURIAL, CREMATION, REMOVAL Removal		24b. DATE 3-17-1953	
24c. NAME OF CEMETERY OR CREMATORY		24d. LOCATION (City, town, or county) (State) Lincoln, Nebraska.	
25. FUNERAL DIRECTOR'S SIGNATURE G.R. Lupton & Sons;		ADDRESS 7233 Delmar Blvd.	

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

G.P. (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

*Clarence H. Murray*

Licensed Embalmer No. *4011*

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.