

THE DIVISION OF HEALTH OF THE STATE OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. **16408**
Registrar's No. **3549**

FILED APR 18 1953

BIRTH NO. _____ REG. DIST. NO. **318** PRIMARY REG. DIST. NO. **1003**

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 township) OR TOWN **St. Louis** c. LENGTH OF STAY (in this place) **0** hours
c. CITY OR TOWN **St. Louis** d. Is Residence within limits of a city or incorporated town? Yes No

d. FULL NAME OF HOSPITAL OR INSTITUTION **St. Louis Children Hosp.** e. STREET ADDRESS (If rural, give location) **4116 Loughborough** **2019**

3. NAME OF DECEASED a. (First) **Kay** b. (Middle) **Ann** c. (Last) **Younger** 4. DATE OF DEATH (Month) (Day) (Year) **4/3/53**

5. SEX **Female** 6. COLOR OR RACE **White** 7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) **Single** 8. DATE OF BIRTH **Jan. 31, 1948** 9. AGE (In years last birthday) (Months) (Days) (Hours) (Min.) **5**

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) **Nil** 10b. KIND OF BUSINESS OR INDUSTRY **---** 11. BIRTHPLACE (City and State or Foreign Country) **St. Louis, Missouri** 12. CITIZEN OF WHAT COUNTRY? **USA**

13a. FATHER'S NAME **George Younger** 13b. MOTHER'S MAIDEN NAME **Dorothy Sauerwald** 14. NAME OF HUSBAND OR WIFE **---**

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) **No** 16. SOCIAL SECURITY NO. **none** 17. INFORMANT'S SIGNATURE OR NAME **George Younger-4116 Loughborough** ADDRESS _____

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, asphyxia, etc. It means the disease, injury, or complication which caused death.
I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* **Subdural Hemorrhage**
ANTECEDENT CAUSES **Ruptured spleen, suffered when struck by car operated by Adolph Galista in front of 4160 Loughborough Ave**
DUE TO (c) **4160 Loughborough**
II. OTHER SIGNIFICANT CONDITIONS **about 505 pm April 2, 1953**
Conditions contributing to the death but not related to the disease or condition causing death.

INTERVAL BETWEEN ONSET AND DEATH **when**
one
about
one

19a. DATE OF OPERATION _____ 19b. MAJOR FINDINGS OF OPERATION **see Accident** 20. AUTOPSY? YES NO

21a. ACCIDENT (Specify) **Accident** 21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office, etc.) **St. Louis Mo** 21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE) **St. Louis Mo**

21d. TIME OF INJURY (Month) (Day) (Year) (Hour) **apr 2 53 5pm** 21e. INJURY OCCURRED WHILE AT WORK NOT WHILE AT WORK 21f. HOW DID INJURY OCCUR? **E8124**

22. I hereby certify that I attended the deceased from _____, 19____, to _____, 19____, that I last saw the deceased alive on _____, 19____, and that death occurred at **125A** m., from the causes and on the date stated above. **25**

23a. SIGNATURE **Joseph M. Zimm** (Degree or title) **Deputy Coroner** 23b. ADDRESS **1300 Clark** 23c. DATE SIGNED **4/4/53**

24a. BURIAL, CREMATION, REMOVAL (Specify) **Removal** 24b. DATE **4/6/53** 24c. NAME OF CEMETERY OR CREMATORY **Mt. Hope Cemetery** 24d. LOCATION (City, town, or county) (State) **St. Louis Co., Missouri**

DATE REC'D BY LOCAL REGISTRAR'S SIGNATURE **APR 4 1953** **J. Earl Smith** 25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS **Wacker-Helders - 3634 Gravois**

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, Student Embalmer No..... working under my personal supervision..

Student.....
Signature of Student Embalmer

Signed..... *Robert Wheeler*

Licensed Embalmer No. *2128*

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 embalmed by a STUDENT, he also shall sign in his OWN handwriting.
If this body is not embalmed, fact should be so stated above.