

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

23421

State File No.

FILED JUN 26 1953

BIRTH NO. _____		REG. DIST. NO. <u>317</u>		PRIMARY REG. DIST. NO. <u>590</u>		Registrar's No. <u>1602</u>			
1. PLACE OF DEATH a. COUNTY <u>St. Louis</u> b. CITY (If outside corporate limits, write RURAL and give OR TOWN <u>Brentwood</u>) c. LENGTH OF STAY (in this place) <u>9mos</u> d. FULL NAME OF HOSPITAL OR INSTITUTION <u>Res. 8877 Flamingo Crt.</u>				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>Mo</u> b. COUNTY <u>St. Louis</u> c. CITY (If outside corporate limits, write RURAL and give township) <u>Brentwood</u> d. STREET ADDRESS (If rural, give location) <u>8877 Flamingo Crt. Audubon Pk. 0</u>					
3. NAME OF DECEASED (Type or Print) a. (First) <u>Joy</u> b. (Middle) <u>Long</u> c. (Last) <u>Young</u>			4. DATE OF DEATH (Month) (Day) (Year) <u>June 8 1953</u>		5. SEX <u>F</u>				
6. COLOR OR RACE <u>W</u>		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Married</u>		8. DATE OF BIRTH <u>Feb. 27, 1925</u>		9. AGE (In years last birthday) <u>28yrs</u> If under 1 year: Months Days If under 24 hrs: Hours Min.			
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Housewife</u>		10b. KIND OF BUSINESS OR INDUSTRY <u>Home</u>		11. BIRTHPLACE (City and State or Foreign Country) <u>Tonkawa, Oklahoma</u>		12. CITIZEN OF WHAT COUNTRY? <u>U.S.A.</u>			
13a. FATHER'S NAME <u>JOHNSON LONG</u>			13b. MOTHER'S MAIDEN NAME <u>ALMA SMITH</u>		14. NAME OF HUSBAND OR WIFE <u>Wm. Clyde Young</u>				
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <u>No</u>		16. SOCIAL SECURITY NO. <u>418-28-5791</u>		17. INFORMANT'S SIGNATURE OR NAME <u>Wm. Clyde Young</u> ADDRESS <u>8877 Flamingo Crt.</u>					
18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c) <u>None</u>				MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>acromial fracture</u> ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <u>uremia</u> DUE TO (c) _____ II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. <u>None</u>				INTERVAL BETWEEN ONSET AND DEATH <u>4 months</u>	
19a. DATE OF OPERATION <u>None</u>		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) _____		274X			
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? _____					
22. I hereby certify that I attended the deceased from <u>Dec.</u> , 19 <u>52</u> , to <u>June</u> , 19 <u>53</u> , that I last saw the deceased alive on <u>May</u> , 19 <u>53</u> , and that death occurred at <u>work</u> m., from the causes and on the date stated above.									
23a. SIGNATURE <u>James Penroyer M.D.</u> (Degree or title)				23b. ADDRESS <u>114 Plant ave.</u>		23c. DATE SIGNED <u>6/9/53</u>			
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Removal</u>		24b. DATE <u>June 9, 1953</u>		24c. NAME OF CEMETERY OR CREMATORY <u>Florence Cemetery</u>		24d. LOCATION (City, town, or county) (State) <u>Florence ALABAMA</u>			
DATE REC'D BY LOCAL REG. <u>6-9-53</u>		REGISTRAR'S SIGNATURE <u>Herbert R. Donke</u>		25. FUNERAL DIRECTOR'S SIGNATURE <u>M. Alexander</u> ADDRESS <u>6175 Delmar</u>					

59 (Licensed Embalmer's Statement on Reverse Side)

WRITE PLAINLY—USING BLACK INK—MAKE A PERMANENT RECORD

Tm 40554

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 *Joseph E. McCullough*

Licensed Embalmer No. *2460*

P. O. Address *6175 P. Hill*

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply the above constitutes grounds for revocation of license.)

If this body is not embalmed, fact should be so stated above.