

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. **9680**

FILED MAR 16 1954

BIRTH NO. _____ REG. DIST. NO. **276** PRIMARY REG. DIST. NO. **4410** Registrar's No. **9**

1. PLACE OF DEATH a. COUNTY Phelps		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE mo. b. COUNTY Phelps	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN St James		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN St. James	
c. LENGTH OF STAY (in this place) 14 yrs		d. STREET ADDRESS (If rural, give location) 0810	
d. FULL NAME OF (If not in hospital or institution, give street address or location) HOSPITAL OR INSTITUTION Soldiers Home Hosp.			

3. NAME OF DECEASED (Type or Print) a. (First) Gertrude b. (Middle) m. c. (Last) Young			4. DATE OF DEATH (Month) (Day) (Year) Mar. 6, 1954		
5. SEX Female	6. COLOR OR RACE White	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Widowed	8. (DATE OF BIRTH) July 15, 1880		9. AGE (In years last birthday) 74 IF UNDER 1 YEAR Months 7 Days 19 IF UNDER 12 HRS. Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Housewife		10b. KIND OF BUSINESS OR INDUSTRY 4	11. BIRTHPLACE (State or foreign country) Missouri		12. CITIZEN OF WHAT COUNTRY? U.S.A.

13a. FATHER'S NAME Do Not Know	13b. MOTHER'S MAIDEN NAME Do Not Know	14. NAME OF HUSBAND OR WIFE William H. Young
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15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <input checked="" type="checkbox"/>	16. SOCIAL SECURITY NO. <input checked="" type="checkbox"/>	17. INFORMANT'S SIGNATURE OR NAME ADDRESS Soldiers Home Office - St James, Mo.
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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, ashenia, etc. It means the disease, injury, or complication which caused death.		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Cerebral Hemorrhage		INTERVAL BETWEEN ONSET AND DEATH 6 days
ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.		DUE TO (b) Atherosclerosis		?
		DUE TO (c) Diabetes Mellitus		?
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing 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)
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 **June 15, 1953** to **March 6, 1954**, that I last saw the deceased alive on **March 6, 1954**, and that death occurred at **2:55 p.m.**, from the causes and on the date stated above.

23. SIGNATURE (Type or Print) P.S.A. Grosskreutz, M.D.	23b. ADDRESS St. James, Mo.	23c. DATE SIGNED 3/9-54
24a. BURIAL, CREMATION, REMOVAL (Specify) Burial	24b. DATE Mar. 9, 1954	24c. NAME OF CEMETERY OR CREMATORY Soldiers Home Cem.
24d. LOCATION (City, town, or county) (State) St. James, Mo.	25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS Oral E. Lieblider - St. James, Mo.	
DATE REC'D BY LOCAL REG. 3-9-54	REGISTRAR'S SIGNATURE Rich P. Powell	

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

No. 300
10. 48.

County File Number _____
Date Filed 3-15-54

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 _____

me

Student Embalmer No. _____

working under my personal supervision.

Student
Student Embalmer

Signed *Orvil E. Licklider*

Licensed Embalmer No. *3546*

P. O. Address *St. James 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.