

STANDARD CERTIFICATE OF DEATH

BIRTH NO. \_\_\_\_\_ 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 <b>MISSOURI</b> b. COUNTY	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <b>St. Louis, Missouri</b>		c. CITY OR TOWN <b>ST. LOUIS.</b>	d. Is Residence within limits of a city or incorporated town? Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
c. LENGTH OF STAY (in this place) <b>8 Years</b>		e. STREET ADDRESS (If rural, give location) <b>223 1/2 1023 Lynch Ave.</b>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <b>1023 Lynch Ave.</b>			

3. NAME OF DECEASED (Type or Print) a. (First) <b>VIRDIE</b> b. (Middle) <b>YOUNG</b> c. (Last)			4. DATE OF DEATH (Month) (Day) (Year) <b>JUNE 8, 1954</b>		
5. SEX <b>Female</b>	6. COLOR OR RACE <b>White</b>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <b>Married</b>	8. DATE OF BIRTH <b>August 30, 1868</b>		9. AGE (In years last birthday) <b>85</b> If UNDER 1 YEAR: Months Days Hours Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <b>Housewife</b>		10b. KIND OF BUSINESS OR INDUSTRY <b>Own Home</b>	11. BIRTHPLACE (City and State or Foreign Country) <b>Tenn.</b>		12. CITIZEN OF WHAT COUNTRY? <b>U.S.A.</b>

13a. FATHER'S NAME <b>John Mainard</b>		13b. MOTHER'S MAIDEN NAME <b>Amelia Lamb</b>		14. NAME OF HUSBAND OR WIFE <b>Robert</b>	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <b>No</b>		16. SOCIAL SECURITY NO.		17. INFORMANT'S SIGNATURE OR NAME ADDRESS <b>Robert Young, 1023 Lynch, St. Louis, Mo.</b>	

18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c)		MEDICAL CERTIFICATION			INTERVAL BETWEEN ONSET AND DEATH
*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* (a) <b>Myocarditis</b>			<b>1 year</b>
		ANTECEDENT CAUSES			
		Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.			
		DUE TO (b) <b>Auricular flutter retrograde</b>			<b>1 year</b>
		DUE TO (c) <b>Fracture left femur</b>			<b>July 29, 1953</b>
		II. OTHER SIGNIFICANT CONDITIONS			
		Conditions contributing to the death but not related to the disease or condition causing death. <b>Arteriosclerosis, Nephritis, cystitis</b>			<b>year</b>

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.) <b>Home</b>		21c. (CITY, TOWN OR BOWNSHIP) (STATE) <b>St. Louis, Missouri</b>	
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) <b>July 29, 1953 9<sup>00</sup></b>		21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input checked="" type="checkbox"/>		21f. HOW DID INJURY OCCUR? <b>Fell on concrete walk</b> <b>E9 035</b>	

22. I hereby certify that I attended the deceased from **Jan 6, 1954** to **June 6, 1954**, that **Robert** saw the deceased alive on **June 6, 1954**, and that death occurred at **7:00 a.m.**, from the causes and on the date stated above. **44**

23a. SIGNATURE (Degree or title) <b>Leroy E. Ellison M.D.</b>		23b. ADDRESS <b>3610 So Broadway, St. Louis, Mo.</b>		23c. DATE SIGNED <b>June 10, 1954</b>	
24a. BURIAL, CREMATION, REMOVAL (Specify)		24b. DATE <b>June 11, 1954</b>		24c. NAME OF CEMETERY OR CREMATORY <b>St. Trinity Lutheran</b>	
		24d. LOCATION (City, town, or county) (State) <b>St. Louis County, Missouri</b>			

DATE REC'D BY LOCAL REG. <b>JUN 11 1954</b>		REGISTRAR'S SIGNATURE <b>Carl Smith M.D.</b>		25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS <b>McLAUGHLIN Funeral Home, Inc. 2501 Lafayette, St. Louis 4, Missouri</b>	
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WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

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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 *James R. Chapman*.....  
Licensed Embalmer No. *455*  
P. O. Address *St. Louis*.....

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.