

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

3440

State File No.

FILED FEB 9 1955

BIRTH NO. _____ REG. DIST. NO. 317 PRIMARY REG. DIST. NO. 590 Registrar's No. 202

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| 1. PLACE OF DEATH a. COUNTY St. Louis | | 2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE Missouri b. COUNTY St. Louis | |
| b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Hillsdale | | c. LENGTH OF STAY (in this place) 37 Years | c. CITY OR TOWN Hillsdale |
| d. FULL NAME OF HOSPITAL OR INSTITUTION: 2124 Cherry Avenue, 20, | | d. Is Residence within limits of a city or incorporated town? Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> | |
| e. STREET ADDRESS | | (If rural, give location) 2124 Cherry Avenue, 20, | |

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|-------------------------------------|-------------------------|---------------------------|------------------------|---|
| 3. NAME OF DECEASED (Type or Print) | a. (First) CLARA | b. (Middle) SAVINA | c. (Last) YOUNG | 4. DATE OF DEATH (Month) (Day) (Year) January 26th, 1955 |
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|----------------------|-------------------------------|---|--|---|---|---------------------------------------|
| 5. SEX Female | 6. COLOR OR RACE White | 7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Widowed | 8. DATE OF BIRTH July 1st, 1888 | 9. AGE (In years last birthday) 66 | IF UNDER 1 YEAR Months _____ Days _____ | IF UNDER 4 HRS Hours _____ Min. _____ |
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| 10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Housework | 10b. KIND OF BUSINESS OR INDUSTRY Own Home | 11. BIRTHPLACE (City and State or Foreign Country) St. Louis, Missouri | 12. CITIZEN OF WHAT COUNTRY? USA |
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| 13a. FATHER'S NAME August Schori | 13b. MOTHER'S MAIDEN NAME Katherine (Unknown) | 14. NAME OF HUSBAND OR WIFE Late James B. Young |
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| 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 James W. Young | ADDRESS 6401 Leachen Avenue, 20, |
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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, asphyxia, etc. It means the disease, injury, or complication which caused death. | MEDICAL CERTIFICATION | | INTEGRAL BETWEEN ONSET AND DEATH 10 min |
| | I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Myocardial Infarction | | |
| | ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) Rheumatic Heart Disease 20 yrs DUE TO (c) Arteriosclerosis 15 yrs. | | |
| II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. | | | |

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| 19a. DATE OF OPERATION | 19b. MAJOR FINDINGS OF OPERATION 416 X | 20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/> |
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| 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) |
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| 21d. TIME OF INJURY (Month) (Day) (Year) (Hour) (Min.) | 21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/> | 21f. HOW DID INJURY OCCUR? |
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22. I hereby certify that I attended the deceased from Jan, 1951, to Jan 26, 1955, that I last saw the deceased alive on Jan 24, 1955, and that death occurred at 5:00A.M., from the causes and on the date stated above.

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| 23a. SIGNATURE Mrs Johnson M.D. | (Degree or title) | 23b. ADDRESS Ferguson Mo. | 23c. DATE SIGNED 1-26-55 |
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|---|--------------------------|---|---|
| 24a. BURIAL, CREMATION, REMOVAL (Specify) Burial | 24b. DATE 1/29/55 | 24c. NAME OF CEMETERY OR CREMATORY New St. Marcus Cemetery | 24d. LOCATION (City, town, or county) (State) St. Louis County, Missouri |
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| DATE REC'D BY LOCAL REG. 1-27-55 | REGISTRAR'S SIGNATURE Herbert R. Dombke M.D. | 25. FUNERAL DIRECTOR'S SIGNATURE CALVIN F. FEUTZ | ADDRESS 4828 Natural Bridge Blvd., St. Louis, 15, Mo. |
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520 (Licensed Embalmer's Statement on Reverse Side)

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

No. 300
10.48

7001

No Hours Thursday,
2:00PM to 4:00 PM Friday,

File in County.

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 *John A. Mendenhall*

Licensed Embalmer No. *418*

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.