

FILED DEC 13 1955

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. **39199**

BIRTH NO. _____		REG. DIST. NO. 317		PRIMARY REG. DIST. NO. 544		Registrar's No. 2726	
1. PLACE OF DEATH a. COUNTY St. Louis				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before institution). a. STATE MO. b. COUNTY Franklin			
b. CITY OR TOWN KIRKWOOD MO		c. LENGTH OF STAY (in this place) 4 mo.		c. CITY OR TOWN UNION		d. Is Residence within limits of a city or incorporated town? Yes <input type="checkbox"/> No <input type="checkbox"/>	
d. FULL NAME OF HOSPITAL OR INSTITUTION ST. JOSEPH'S HOSPITAL				e. STREET ADDRESS (If rural, give location) RURAL 0369			
3. NAME OF DECEASED (Type or Print) a. (First) KERMIT b. (Middle) H. c. (Last) YOUNG			4. DATE OF DEATH (Month) (Day) (Year) NOV 19, 1955				
5. SEX M	6. COLOR OR RACE W.	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Never married	8. DATE OF BIRTH Jan. 22, 1945		9. AGE (In years last birthday) 10	IF UNDER 1 YEAR Months Days	IF UNDER 1 HRS. Hours Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) None		10b. KIND OF BUSINESS OR INDUSTRY Student		11. BIRTHPLACE (City and State or Foreign Country) Washington, Mo.		12. CITIZEN OF WHAT COUNTRY? USA	
13a. FATHER'S NAME Otto Kermit Young		13b. MOTHER'S MAIDEN NAME Irene Barlage		14. NAME OF HUSBAND OR WIFE None			
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 Otto K. Young, Union, Mo. 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, asthenia, etc. It means the disease, injury, or complication which caused death.	MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) BRONCHO PNEUMONIA, BILAT. ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) ASTHENIA - EMACIATION DUE TO (c) GLIOMA OF CEREBELLUM 8 MOS. II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. 193X					INTERVAL BETWEEN ONSET AND DEATH 10 HRS.	
19a. DATE OF OPERATION SEPT 1 1955	19b. MAJOR FINDINGS OF OPERATION POSTERIOR FOSSA NEOPLASM OF CEREBELLUM					20. AUTOPSY? YES <input checked="" type="checkbox"/> NO <input 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) (Min.) _____		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 _____, 19____, to _____, 19____, that I last saw the deceased alive on _____, 19____, and that death occurred at 9:45 Pm. , from the causes and on the date stated above.							
23a. SIGNATURE (Degree or title) William L. Drake Jr. MD. PATHOLOGIST				23b. ADDRESS 537-LEE AVE WEST. GRANE		23c. DATE SIGNED 11-19-55	
24a. BURIAL, CREMATION, REMOVAL (Specify) Removal		24b. DATE 11-20-55	24c. NAME OF CEMETERY OR CREMATORY Zion E. & R. Cemetery		24d. LOCATION (City, town, or county) (State) Union, Mo.		
DATE REC'D BY LOCAL REG. 11-21-55		REGISTRAR'S SIGNATURE Herbert B. Dombek MD		25. FUNERAL DIRECTOR'S SIGNATURE Albert H. Hoppe		ADDRESS 4700 Washington Blvd.	

(Licensed Embalmer's Statement on Reverse Side)

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.....
Licensed Embalmer No. 36.
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.