

STANDARD CERTIFICATE OF DEATH

State File No. **40043**

FILED NOV 26 1956

BIRTH NO. _____ REG. DIST. NO. **317** PRIMARY REG. DIST. NO. **541** Registrar's No. **2591**

| | | | |
|--|---------------------------|---|---------------------------------------|
| 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 CLAYTON | | c. CITY OR TOWN FLORISSANT ⁴⁰⁴⁷¹ | |
| c. LENGTH OF STAY (in this place) 4 DAYS | | d. Is Residence within limits of a city or incorporated town? Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> | |
| d. FULL NAME OF HOSPITAL OR INSTITUTION ST. LOUIS COUNTY HOSPITAL | | e. STREET ADDRESS (If rural, give location) 205 ST. LOUIS | |
| 3. NAME OF DECEASED (Type or Print) Nelle | | 4. DATE OF DEATH (Month) (Day) (Year) Nov. 1 1956 | |
| a. (First) | | b. (Middle) | |
| c. (Last) YOUNG | | | |
| 5. SEX F | 6. COLOR OR RACE W | 7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) MARRIED | 8. DATE OF BIRTH SEPT. 7, 1876 |
| 9. AGE (In years) last birthday 80 | | 10. IF UNDER 1 YEAR Months Days Hours Min. | |
| 10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) HOUSEWIFE | | 10b. KIND OF BUSINESS OR INDUSTRY At home | |
| 11. BIRTHPLACE (City and State or Foreign Country) ST. LOUIS, MO. | | 12. CITIZEN OF WHAT COUNTRY? USA | |
| 13a. FATHER'S NAME FRED MOLSOW | | 13b. MOTHER'S MAIDEN NAME CECELIA DE HATER | |
| 14. NAME OF HUSBAND OR WIFE ALBERT YOUNG | | | |
| 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 JANE BOYER | | ADDRESS FLORISSANT, MO. | |
| 18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c)) | | MEDICAL CERTIFICATION | |
| 1. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Bronchopneumonia | | 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. | | | |
| ANTECEDENT CAUSES | | | |
| Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. | | | |
| DUE TO (b) | | | |
| DUE TO (c) | | | |
| II. OTHER SIGNIFICANT CONDITIONS | | | |
| Conditions contributing to the death but not related to the disease or condition causing death. Cerebral arteriosclerosis | | | |
| 19a. DATE OF OPERATION | | 19b. MAJOR FINDINGS OF OPERATION 491X | |
| 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 10-27-1956 , to 11-1-1956 , that I last saw the deceased alive on 11-1-1956 , and that death occurred at 8:30 a. m. , from the causes and on the date stated above. | | | |
| 23a. SIGNATURE (Degree or title) Joseph G. Crant M.D. | | 23b. ADDRESS 6015 Brentwood, Clayton, Mo. | |
| 23c. DATE SIGNED 11-1-56 | | | |
| 24a. BURIAL, CREMATION, REMOVAL (Specify) BURIAL | | 24b. DATE 11-5-1956 | |
| 24c. NAME OF CEMETERY OR CREMATORY SACRED HEART | | 24d. LOCATION (City, town, or county) (State) FLORISSANT, MO. | |
| DATE REC'D BY LOCAL REG. 11-2-56 | | REGISTRAR'S SIGNATURE Herbert A. Dombke M.D. | |
| 25. GENERAL DIRECTOR'S SIGNATURE Gene A. Litchens | | ADDRESS FLORISSANT, MO. | |

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 *Gene A. Hutchens*

Licensed Embalmer No. *496*

P. O. Address *Florissant, 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 embalmed by a STUDENT, he also shall sign in his OWN handwriting.
If this body is not embalmed, fact should be so stated above.