Health, Welfare Public Service

300
1-57

FILED SEP 17 1957

THE DIVISION OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH

STATE FILE NUMBER 34349

Registration District No. 318 Primary Registration District No. 1003 Registrar's No. 8284

1. PLACE OF DEATH
a. COUNTY
b. CITY OR TOWN St. Louis, Missouri. Inside Limits Yes [X] No [ ]
c. HOSPITAL OR INSTITUTION St. Anthony's Hospital Length of stay in Ib 3 days

2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)
a. STATE Missouri b. COUNTY Monroe
c. CITY OR TOWN Monroe City Inside Limits Yes [X] No [X]
d. STREET ADDRESS (If outside, give location) Rural Route No. 2 Reside on Farm Yes [X] No [ ]

3. NAME OF DECEASED (Type or print) First Scottie Middle Eugene Last Young
4. DATE OF DEATH Month September Day 2 Year 1957
5. SEX Male
6. COLOR OR RACE White
7. MARRIED [ ] NEVER MARRIED [X] WIDOWED [ ] DIVORCED [ ]
8. DATE OF BIRTH March 25, 1938
9. AGE (In years last birthday) 19 IF UNDER 1 YEAR Months Days IF UNDER 24 HRS. Hours Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Machine Operator
10b. KIND OF BUSINESS OR INDUSTRY Tool & Dye Co.,
11. BIRTHPLACE (City and state or country) Monroe City, Missouri.
12. CITIZEN OF WHAT COUNTRY? U.S.A.
13a. FATHER'S NAME John R. Young
13b. MOTHER'S MAIDEN NAME Luttie James
14. NAME OF HUSBAND OR WIFE Nil
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown) No (If yes, give war or dates of service) Nil
16. SOCIAL SECURITY NO. Unknown
17. INFORMANT John R. Young, Address Monroe City, Missouri.

USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE

MEDICAL CERTIFICATION

18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).)
PART I. DEATH WAS CAUSED BY:
IMMEDIATE CAUSE (a) Poliomyelitis — INTERVAL BETWEEN ONSET AND DEATH 4 days
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.
DUE TO (b) bulbar spinal
DUE TO (c)
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a) .0800.
19. WAS AUTOPSY PERFORMED? YES [ ] NO [X]

20a. ACCIDENT [ ] SUICIDE [ ] HOMICIDE [ ]
20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18.)
20c. TIME OF INJURY Hour a.m. p.m. Month, Day, Year
20d. INJURY OCCURRED WHILE AT WORK [ ] NOT WHILE AT WORK [ ]
20e. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)
20f. CITY, TOWN, OR LOCATION COUNTY STATE

21. I attended the deceased from 8/30/57, to 9/2/57 and last saw him alive on 9/2/57
Death occurred at 12:10 AM on the date stated above; and to the best of my knowledge, from the causes stated.

22a. SIGNATURE Harold Franklin MD (Degree or title)
22b. ADDRESS 16 Hampton Valley St Louis Mo
22c. DATE SIGNED 9/3/57

23a. BURIAL, CREMATION, REMOVAL (Specify) Removal
23b. DATE 9-2-57
23c. NAME OF CEMETERY OR CREMATORY Local Cemetery
23d. LOCATION (City, town, or county) Monroe City, Missouri. (State)

24. FUNERAL DIRECTOR Albert H. Hoppe, ADDRESS 4700 Washington Blvd.,
25. DATE RECD. BY LOCAL REG. SEP 4 57
26. REGISTRAR'S SIGNATURE J Carl Smith MD
(Licensed Embalmer's Signature Reverse Side)

Doctor, Coroner, etc. must use only standard nomenclature in Part I. No symptoms will be accepted. All diseases in Part I must be causally related.

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 ..... Signed Elton H Remelius

Signature of Student Embalmer

Licensed Embalmer No. 4283

P. O. Address St Louis 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.