

Doctor, coroner, etc. must use only standard nomenclature in item 18. No symptoms will be listed. All diseases in Part I must be casually related. Coroner cannot certify to a death due to natural causes.

USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

38396
STATE FILE NUMBER 9696

FILED OCT 29 1957

318

1003

Registration District No. Primary Registration District No. Registrar's No.

1. PLACE OF DEATH a. COUNTY		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE Missouri b. COUNTY			
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN St. Louis		Inside Limits Yes <input type="checkbox"/> No <input type="checkbox"/>		c. CITY OR TOWN St. Louis ²¹¹⁹ 0	
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION 4575 St. Ferdinand		Length of stay in 1b		d. STREET ADDRESS (If outside, give location) 4575 St. Ferdinand	
3. NAME OF DECEASED (Type or print) First Leon Middle Younger Last Younger		4. DATE OF DEATH Month Oct. Day 14, Year 1957			
5. SEX Male	6. COLOR OR RACE Negro	7. MARRIED <input checked="" type="checkbox"/> NEVER MARRIED <input type="checkbox"/> WIDOWED <input type="checkbox"/> DIVORCED <input type="checkbox"/>	8. DATE OF BIRTH Feb. 19, 1910	9. AGE (In years last birthday) 47	IF UNDER 1 YEAR Months Days Hours Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Shipping Clerk		10b. KIND OF BUSINESS OR INDUSTRY Glass Factory		11. BIRTHPLACE (City and state or country) Bristow, Oklahoma	
13. FATHER'S NAME Eugene Younger		14. MOTHER'S MAIDEN NAME Mary Jamison			
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown) No		16. SOCIAL SECURITY NO. Unk.		17. INFORMANT Address St. Ferdinand Mrs. Sircy Younger 4575	
18. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c).] PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) Coronary Occlusion Coronary Sclerosis Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. DUE TO (b) DUE TO (c) PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I(a) 4201					INTERVAL BETWEEN ONSET AND DEATH
20a. ACCIDENT <input type="checkbox"/> SUICIDE <input type="checkbox"/> HOMICIDE <input type="checkbox"/>		20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Part I or Part II of item 18.)			
20c. TIME OF INJURY Hour Month, Day, Year a. m. p. m.					
20d. INJURY OCCURRED WHILE AT <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		20e. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)		20f. CITY, TOWN, OR LOCATION COUNTY STATE	
I. I attended the deceased from _____ to _____ and last saw her alive on _____ Death occurred at 945 A m on the date stated above; and to the best of my knowledge, from the causes stated.					
22a. SIGNATURE Salmon C. J. [Signature]		22b. ADDRESS 1300 [Address]		22c. DATE SIGNED 10/14/57	
23a. BURIAL, CREMATION, REMOVAL (Specify) Removal		23b. DATE 10/21/57		23c. NAME OF CEMETERY OR CREMATORY Washington Park Cem.	
24. FUNERAL DIRECTOR G. Wade Granberry		ADDRESS 4202 Finney		25. DATE RECD. BY LOCAL REG. OCT 17 57	
				26. REGISTRAR'S SIGNATURE Carl Smith Mo	

John Henry ...

Missouri

St. Louis

4525 St. Ferdinand

St. Louis

4525 St. Ferdinand

Oct. 14, 1927

Younger

Leon

Feb. 19, 1910

Marie

Bristol, Oklahoma

Shipping Clerk

Mary Jamison

Younger

4525 St. Ferdinand

None

None

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 *Leroy U. Bonmaster*

Licensed Embalmer No. 4523

P. O. Address 4251 Washin

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (F 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.

G. W. ...
Removal ...