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THE DIVISION OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH

58-016732
STATE FILE NUMBER

FILED APR 28 1958

Registration District No. 317 Primary Registration District No. 541 Registrar's No. 1076

1. PLACE OF DEATH
a. COUNTY: Saint Louis
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN: Clayton — Inside Limits: Yes [X] No [ ]
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION: St. Louis Co. Hosp. — Length of stay in 1b: 3 days

2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)
a. STATE: Missouri b. COUNTY: St. Louis
c. CITY OR TOWN: Kinloch 4000 — Inside Limits: Yes [X] No [ ]
d. STREET ADDRESS (If outside, give location): 458 Lehogue — Reside on Farm: Yes [ ] No [X]

3. NAME OF DECEASED (Type or print): First: Martha Middle: Last: Young

4. DATE OF DEATH Month Day Year: 4-16-58

5. SEX: Female 3

6. COLOR OR RACE: Negro

7. MARRIED [ ] **NEVER MARRIED** [X] **WIDOWED** [ ] **DIVORCED** [ ]

8. DATE OF BIRTH: Nov. 30, 1886

9. AGE (In years last birthday): 71 — 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): Housewife

10b. KIND OF BUSINESS OR INDUSTRY: None

11. BIRTHPLACE (City and state or country): Saint Louis, Missouri

12. CITIZEN OF WHAT COUNTRY?: U.S.A.

13a. FATHER'S NAME: Zabadee DeDlue

13b. MOTHER'S MAIDEN NAME: Lizzie Smith

14. NAME OF HUSBAND OR WIFE: William H. 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: William H. Young — Address: 458 Lehogue

USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE

All diseases in Part I must be causally related.

MEDICAL CERTIFICATION

18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).)
PART I. DEATH WAS CAUSED BY:

		INTERVAL BETWEEN ONSET AND DEATH
IMMEDIATE CAUSE (a)	Acute myocardial infarction	
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. DUE TO (b)	Cerebro-vascular accident	
DUE TO (c)	Generalized arteriosclerosis	

PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a): 420.1

19. WAS AUTOPSY PERFORMED? YES [ ] NO [ ] 0

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 4-13-58, to 4-16-58 and last saw her/him alive on 4-16-58
Death occurred at 2:45 a.m. on the date stated above; and to the best of my knowledge, from the causes stated.

22a. SIGNATURE (Degree or title): John E. Oakley M.D.

22b. ADDRESS: 601 So. Brentwood

22c. DATE SIGNED: 4-16-58

23a. BURIAL, CREMATION, REMOVAL (Specify): Burial

23b. DATE: 4-22-58

23c. NAME OF CEMETERY OR CREMATORY: Washington Park Cem.

23d. LOCATION (City, town, or county) (State): Berkeley, Missouri

24. FUNERAL DIRECTOR: Boyd Bros. — ADDRESS: 438 Lix-Kinloch, Mo.

25. DATE RECD. BY LOCAL REG.: 4-18-58

26. REGISTRAR'S SIGNATURE: Herbert R. Domke M.D.

(Licensed Embalmer's Statement on Reverse Side)

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 Edward A. Flynn

Licensed Embalmer No. 4444

P. O. Address Kinlock, 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.