

FEDERAL BUREAU OF INVESTIGATION - STANDARD CERTIFICATE OF DEATH

'59 0 4 6 1 1 2

FILED VS DEC 21 1959

Registration District No. _____ Primary Registration District No. _____ Registrar's No. **211238** STATE FILE NUMBER

1. PLACE OF DEATH a. COUNTY ST LOUIS-MO		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE MO b. COUNTY _____	
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN ST LOUIS-		c. CITY OR TOWN ST LOUIS-	
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION HOMER-C. PHILLIP HP		d. STREET ADDRESS (If outside, give location) 4329-MAFFITT ST	

3. NAME OF DECEASED (Type or print) First Middle Last LEROY YOUNG			4. DATE OF DEATH Month Day Year 12 - 1 - 59			
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5. SEX MALE	6. COLOR OR RACE NEGRO	7. Married <input type="checkbox"/> Never Married <input type="checkbox"/> Widowed <input checked="" type="checkbox"/> Divorced <input type="checkbox"/>	8. DATE OF BIRTH 12-4-1895	9. AGE (last birthday) 63	IF UNDER 1 YEAR Months _____ Days _____	IF UNDER 24 HR Hours _____ Min. _____
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10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) LABOR	10b. KIND OF BUSINESS OR INDUSTRY NONE	11. BIRTHPLACE (City and state or country) ST. LOUIS-MO.	12. CITIZEN OF WHAT COUNTRY U.S.A
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13a. FATHER'S NAME EMMETT-YOUNG SN-	13b. MOTHER'S MAIDEN NAME MARY-YOUNG	14. NAME OF HUSBAND OR WIFE UNNONE
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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. _____	17. INFORMANT Address M-SIMMONS. 4353. COTE BRILLIANTE
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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 bilateral		INTERVAL BETWEEN ONSET AND DEATH
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. } DUE TO (b) _____ DUE TO (c) _____		420.1

PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a)		PART III. If deceased was female was there a pregnancy in last 90 days. <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown
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19. WAS AUTOPSY PERFORMED? YES <input checked="" type="checkbox"/> NO <input type="checkbox"/>	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.)
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20c. TIME OF INJURY Hour a.m. p.m. Month, Day, Year	20d. INJURY OCCURRED WHILE AT WORK <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
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21. I attended the deceased from _____ to _____ and last saw her/him alive on _____
Death occurred at _____ **768 A** m on the date stated above, and to the best of my knowledge, from the causes stated.

22a. SIGNATURE (Degree or title) Patrick J. Taylor Coroner	22b. ADDRESS 1300 Clark	22c. DATE SIGNED 12-4-59
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23a. BURIAL, CREMATION, REMOVAL (Specify) REMOVE	23b. DATE 12-7-59	23c. NAME OF CEMETERY OR CREMATORY FATHERDICKSON	23d. LOCATION (City, town, or county) (State) ST LOUIS-COUNTY MO
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24. FUNERAL DIRECTOR ADDRESS JACKSON FUNERAL HOME-2649-DELMAR	25. DATE RECD. BY LOCAL REG. DEC 4 1959	26. REGISTRAR'S SIGNATURE Earl Smith. M.D.
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DOCUMENT

MEDICAL CERTIFICATION

BY AFFIDAVIT OF

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 W. Pannister

Licensed Embalmer No. 4623

P. O. Address 4251 WA

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.