

MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

-61-012198
STATE FILE NUMBER

XC-493 8833 REG. #A-2041

Registration District No. 317 Primary Registration District No. 500 Registrar's No. 635

AMENDED

FILED VS MAR 16 1961

DATE AMENDED

INSTEAD OF THIS RECORD ARE AS FOLLOWS

SHOULD READ

DOCUMENT

BY AFFIDAVIT OF

1. PLACE OF DEATH a. COUNTY ST. LOUIS		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 JEFFERSON BARRACKS, MO.		Length of stay in 1b 57 DAYS	c. CITY OR TOWN ST. LOUIS
c. FULL NAME OF (IF NOT in hospital, give location) HOSPITAL OR INSTITUTION VETERANS ADMINISTRATION		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	d. STREET ADDRESS (If outside, give location) 4616 DELMAR
3. NAME OF DECEASED (Type or print) First HORACE Middle (NMI) YOUNG Last		4. DATE OF DEATH Month 3-3-61 Day Year	
5. SEX MALE	6. COLOR OR RACE NEGRO	7. Married <input type="checkbox"/> Never Married <input type="checkbox"/> Widowed <input type="checkbox"/> Divorced <input checked="" type="checkbox"/>	8. DATE OF BIRTH 10-16-05
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) COOK		10b. KIND OF BUSINESS OR INDUSTRY RESTRUANT	9. AGE (last birthday) 55 YEARS
11a. FATHER'S NAME HORACE YOUNG		11b. MOTHER'S MAIDEN NAME VINNIE ROBERTS	11. BIRTHPLACE (City and state or country) BIRMINGHAM, ALA.
12a. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) YES WW-II		12b. SOCIAL SECURITY NO. UNKNOWN	12. CITIZEN OF WHAT COUNTRY USA
13a. FATHER'S NAME HORACE YOUNG		13b. MOTHER'S MAIDEN NAME VINNIE ROBERTS	14. NAME OF HUSBAND OR WIFE NONE
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) YES WW-II		16. SOCIAL SECURITY NO. UNKNOWN	17. INFORMANT Address LOUIS, MO, FRIEND CATHERINE HUGHES, 5172 KENSINGTON, ST
18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c). PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) CARCINOMA OF PANCREAS			INTERVAL BETWEEN ONSET AND DEATH INDETERMINATE
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. DUE TO (b) DUE TO (c)			157X
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
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.)	
20c. TIME OF INJURY Hour 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
21. I attended the deceased from 1-5-61 to 3-3-61 Death occurred at 7:45 Pm on the date stated above, and to the best of my knowledge, from the causes stated.			
22a. SIGNATURE (Degree or title) Fred Ionata		22b. ADDRESS FRED IONATA M.D. VET. ADM. HOSP., JEFF. BRKS., MO.	22c. DATE SIGNED 3-4-61
23a. BURIAL, CREMATION, or other disposition	23b. DATE 3-8-61	23c. NAME OF CEMETERY OR CREMATORIAL NATIONAL CEMETERY	23d. LOCATION (City, town, or county) (State) JEFFERSON BRKS., ST. LOUIS, CO. MO.
24. FUNERAL DIRECTOR E.L. & ANDERSON FUNERAL HOME ADDRESS 4481 FINNEY AVE		25. DATE RECD. BY LOCAL REG. 3-7-61	26. REGISTRAR'S SIGNATURE

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 John K. Birmingham

Licensed Embalmer No. 4476

P. O. Address 2405 Main

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.