

SOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

9103 - 61-035153
STATE FILE NUMBER

DEPARTMENT OF PUBLIC HEALTH AND WELFARE

AMENDED Registration District No. 318 Primary Registration District No. 1003 Registrar's No. 9103

DATE AMENDED

INSTEAD OF

ITEM NO. SHOULD READ

DOCUMENT

MEDICAL CERTIFICATION

BY APPROVIT OF

FILED OCT 13 1961

1. PLACE OF DEATH
a. COUNTY _____
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN St. Louis
Length of stay in 1b 6 1/2 years

2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)
a. STATE Missouri b. COUNTY _____
c. CITY OR TOWN St. Louis Inside Limits Yes No
d. STREET ADDRESS (If outside, give location) 6132 a Pershing Reside on Farm Yes No

3. NAME OF DECEASED (Type or print) First EMELIE Middle (Degen) Last YOUNG

4. DATE OF DEATH Month October Day 2 Year 1961

5. SEX F 6. COLOR OR RACE W 7. Married Never Married Widowed Divorced

8. DATE OF BIRTH 3-31-1884 9. AGE (last birthday) 77 IF UNDER 1 YEAR: Months _____ Days _____ IF UNDER 24 HR: Hours _____ Min. _____

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Dressmaker 10b. KIND OF BUSINESS OR INDUSTRY Self employed 11. BIRTHPLACE (City and state or country) New Athens, Ill. 12. CITIZEN OF WHAT COUNTRY USA

13a. FATHER'S NAME William Degen 13b. MOTHER'S MAIDEN NAME Magdalena Rice 14. NAME OF HUSBAND OR WIFE Arthur Carl Young

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no or unknown) (If yes, give war or dates of service) 16. SOCIAL SECURITY NO. _____ 17. INFORMANT Mrs. L.M. Rumsey, 4372 Westminster Address _____

18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).)
PART I. DEATH WAS CAUSED BY
IMMEDIATE CAUSE (a) Fracture of right Femur; Generalized arteriosclerosis suffered in fall on step at exit of Ramous-Barre Company on Sept. 21, 1961.
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. Accident
DUE TO (b) _____
DUE TO (c) _____
INTERVAL BETWEEN ONSET AND DEATH _____

PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a) 900.6-45

PART III. If deceased was female was there a pregnancy in last 90 days. Yes No Unknown

19. WAS AUTOPSY PERFORMED? YES NO 20a. ACCIDENT SUICIDE HOMICIDE 20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18.) See above

20c. TIME OF INJURY Hour _____ a.m. _____ p.m. Month, Day, Year 9-21-61

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.) 25 Star Building 20f. CITY, TOWN, OR LOCATION St Louis, Mo COUNTY _____ STATE _____

21. I attended the deceased from _____ to _____ and last saw her/him alive on _____
Death occurred at _____ on the date stated above, and to the best of my knowledge, from the causes stated.

22a. SIGNATURE [Signature] (Degree or title) _____ 22b. ADDRESS 1300 Clark 22c. DATE SIGNED 10-3-61

23a. BURIAL, CREMATION, OR REMOVAL (Specify) Removal (Auto) 23b. DATE 10-4-61 23c. NAME OF CEMETERY OR CREMATORY Memorial Park Cemetery 23d. LOCATION (City, town, or county) (State) Carlinville, Ill.

24. FUNERAL DIRECTOR Alexander & Sons, 6175 Delmar Blvd. ADDRESS _____ 25. DATE RECD. BY LOCAL REG. OCT 3 1961 26. REGISTRAR'S SIGNATURE Loan Smith, M.D.

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 Jose M. Cullon

Licensed Embalmer No. 2460

P. O. Address 6175 Palmer

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.