

FILED FEB 2 1949

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 3323
710

318

1003

BIRTH NO. REG. DIST. NO. PRIMARY REG. DIST. 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, write RURAL and give township) St. Louis		c. CITY (If outside corporate limits, write RURAL and give township) St. Louis	
c. LENGTH OF STAY (in this place) 3 1/2 mo.		d. STREET ADDRESS (If rural, give location) 3730 Maffitt Ave.	
d. FULL NAME OF HOSPITAL OR INSTITUTION St. John's Hosp.			

3. NAME OF DECEASED (Type or Print) a. (First) David b. (Middle) F. c. (Last) Taylor		4. DATE OF DEATH (Month) (Day) (Year) 1/22/49	
5. SEX Male	6. COLOR OR RACE White	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Married	8. DATE OF BIRTH Jan. 27, 1890
9. AGE (In years last birthday) 58		10. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Line Foreman	11. BIRTHPLACE (State or foreign country) Perryville, Mo.
10b. KIND OF BUSINESS OR INDUSTRY Public Service		12. CITIZEN OF WHAT COUNTRY? U.S.A.	

13a. FATHER'S NAME Pius Taylor	13b. MOTHER'S MAIDEN NAME Ida Moore	14. NAME OF HUSBAND-OR WIFE Ethel L.
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. 493-10-8816	17. INFORMANT'S SIGNATURE OR NAME ADDRESS Ethel L. Taylor, -- 3730 Maffitt

18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c)		MEDICAL CERTIFICATION		INTERVAL BETWEEN ONSET AND DEATH
I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a)		Multiple pulmonary emboli		1 year
ANTECEDENT CAUSES		DUE TO (b) Thrombophlebitis both legs + Arterio sclerotic heart dis.		2 years
DUE TO (c)		none		2 years
II. OTHER SIGNIFICANT CONDITIONS		Conditions contributing to the death but not related to the disease or condition causing death.		none
19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	none		20. AUTOPSY? YES <input checked="" type="checkbox"/> NO <input type="checkbox"/>

21a. ACCIDENT SUICIDE HOMICIDE (Specify) no	21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)	21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE) St. Louis Mo
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) (Minute) none	21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	21f. HOW DID INJURY OCCUR? none

22. I hereby certify that I attended the deceased from Dec 8, 1947, to 1-22, 1949, that I last saw the deceased alive on 1-22, 1949, and that death occurred at _____ m., from the causes and on the date stated above.

23a. SIGNATURE (Degree or title) John J. Neumann M.D.	23b. ADDRESS 634 N. Grand	23c. DATE SIGNED 1/24/49
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24a. BURIAL, CREMATION, REMOVAL (Specify) Burial	24b. DATE 1/25/49	24c. NAME OF CEMETERY OR CREMATORY Memorial Park	24d. LOCATION (City, town, or county) (State) St. Louis, Missouri
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DATE REC'D BY LOCAL REG JAN 24 1949	REGISTRAR'S SIGNATURE J. B. Lasater	25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS Wacker-Welders 3634 Gravois
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WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

11

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

Student Embalmer

Signed Philip J. Krupin.....

Licensed Embalmer No. 3497.....

P. O. Address 3634 Gravois.....

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 this body is not embalmed, fact should be so stated above.