

FILED MAY 27 1949

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 17746
Registrar's No. 4613

BIRTH NO. _____ REG. DIST. NO. 318 PRIMARY REG. DIST. NO. 1003

1. PLACE OF DEATH a. COUNTY		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE Mo.		b. COUNTY	
b. CITY OR TOWN St. Louis 3		c. LENGTH OF STAY (If this place) Unknown		c. CITY OR TOWN St. Louis 17	
d. FULL NAME OF HOSPITAL OR INSTITUTION <i>Unknown</i>		d. STREET ADDRESS (If rural, give location) <i>BOWEN G. PHILLIPS HOSPITAL 3033 Pine St.</i>			

3. NAME OF DECEASED (Type or Print)			4. DATE OF DEATH		
a. (First) <i>Robert</i>			b. (Middle) <i>Taylor</i>		
c. (Last)			5-22-49		

5. SEX <i>Male</i>	6. COLOR OR RACE <i>Col.</i>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <i>Widowed</i>	8. DATE OF BIRTH <i>6 Dec, 1888</i>	9. AGE (In years last birthday) <i>60</i>	IF UNDER 1 YEAR Months	IF UNDER 4 HRS. Days	IF UNDER 12 HRS. Hours	IF UNDER 12 HRS. Min.
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10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <i>Laborer</i>	10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country) <i>Salsbury, N.C.</i>	12. CITIZEN OF WHAT COUNTRY?
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13a. FATHER'S NAME <i>Unknown</i>	13b. MOTHER'S MAIDEN NAME <i>Unknown</i>	14. NAME OF HUSBAND OR WIFE <i>Unknown</i>
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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) <i>Yes, World War I</i>	16. SOCIAL SECURITY NO.	17. INFORMANT'S SIGNATURE OR NAME <i>Mrs. Samuel Benting</i>	ADDRESS <i>3083 Pine St.</i>
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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)		II. OTHER SIGNIFICANT CONDITIONS		
*This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.		DUE TO (b) <i>Coronary thrombosis</i>		
ANTECEDENT CAUSES		DUE TO (c)		
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.		Conditions contributing to the death but not related to the disease or condition causing death.		

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY? YES <input checked="" type="checkbox"/> NO <input type="checkbox"/>
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21a. ACCIDENT SUICIDE HOMICIDE (Specify)	21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)	21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE) <i>94</i>
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21d. TIME OF INJURY (Month) (Day) (Year) (Hour) (Min.)	21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	21f. HOW DID INJURY OCCUR? <i>At 2:00</i>
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22. I hereby certify that I attended the deceased from _____, 19____, to _____, 19____, that I last saw the deceased alive on _____, 19____, and that death occurred at *2:27 p.m.*, from the causes and on the date stated above.

23a. SIGNATURE (Degree or title) <i>Patrick L Taylor Coronar</i>	23b. ADDRESS <i>1300. Clark</i>	23c. DATE SIGNED <i>5-25-49</i>
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24a. BURIAL, CREMATION, REMOVAL (Specify) <i>Burial</i>	24b. DATE <i>5/27/49</i>	24c. NAME OF CEMETERY OR CREMATORY <i>National Cemetery Jefferson Barracks, Mo</i>	24d. LOCATION (City, town, or county) (State)
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DATE REC'D BY LOCAL REG. <i>MAY 25 1949</i>	REGISTRAR'S SIGNATURE <i>J B Foster</i>	25. FUNERAL DIRECTOR'S SIGNATURE <i>Bernice Love</i>	ADDRESS <i>3103 Washington</i>
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WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

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

W. C. Jordan

Licensed Embalmer No. 3489

P. O. Address 4575 Aldine Ave

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.