

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

State File No. **21761**  
**5832**  
Registrar's No.

FILED JUL 15 1949

BIRTH NO. \_\_\_\_\_ REG. DIST. NO. **318** PRIMARY REG. DIST. NO. **1003**

WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

1. PLACE OF DEATH a. COUNTY		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <b>Mo.</b> b. COUNTY <b>and</b>	
b. CITY (If outside corporate limits, write RURAL, and give town) <b>St. Louis</b>		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <b>St. Louis 17</b>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <b>Kennel &amp; Phillips</b>		d. STREET ADDRESS (If rural, give location) <b>3827 Windsor</b>	
3. NAME OF DECEASED (Type or Print) a. (First) <b>Daniel James</b> b. (Middle) <b>Taylor</b> c. (Last) <b>Taylor</b>		4. DATE OF DEATH <b>July 5, 1949</b>	
5. SEX <b>Male</b>	6. COLOR OR RACE <b>White</b>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <b>Widowed</b>	8. DATE OF BIRTH <b>12/25/80</b>
9. AGE (In years last birthday) <b>68</b>		10. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <b>fabrics dealer</b>	11. BIRTHPLACE (State or foreign country) <b>Greenwood, Virginia</b>
10a. USUAL OCCUPATION		10b. KIND OF BUSINESS OR INDUSTRY <b>Common</b>	12. CITIZEN OF WHAT COUNTRY?
13a. FATHER'S NAME <b>James Taylor</b>		13b. MOTHER'S MAIDEN NAME <b>Empie Calver</b>	14. NAME OF HUSBAND OF WIFE <b>Eddie Taylor</b>
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown)		16. SOCIAL SECURITY NO. <b>493-03-3429</b>	17. INFORMANT'S SIGNATURE OR NAME <b>Clara B. Nelson</b> ADDRESS <b>3227 Fabale</b>
18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c)  *This does not mean the mode of dying, such as heart failure, asphyxia, etc. It means the disease, injury, or complication which caused death.		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <b>Clara</b>  ANTECEDENT CAUSES DUE TO (b) <b>Sudden Hemorrhage</b> <b>suffered when deceased fell down about 14 weeks ago</b> DUE TO (c) <b>steps to the basement at his home 3827 Windsor St. on Apr 25 1949 at about 5:45 a.m.</b> <b>Accident</b>	
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION <b>Accident</b>	
20a. ACCIDENT SUICIDE HOMICIDE (Specify) <b>Accident</b>		20b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) <b>Street</b>	
20c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE) <b>St. Louis Mo. 06</b>		21. HOW DID INJURY OCCUR?	
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) <b>Apr 25 49 5:45 A.M.</b>		21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	
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 <b>6:59 a.m.</b> , from the causes and on the date stated above.			
23a. SIGNATURE (Degree or title) <b>Carl E. Taylor Cur 3</b>		23b. ADDRESS <b>1300 Clark</b>	
23c. DATE SIGNED <b>7-5-49</b>			
24a. (BURIAL) CREMATION REMOVAL (Specify) <b>7/6/49</b>		24b. DATE	
24c. NAME OF CEMETERY OR CREMATORY <b>Greenwood</b>		24d. LOCATION (City, town, or county) (State) <b>St. Louis County Mo.</b>	
DATE REC'D BY LOCAL REG. <b>JUL 5 1949</b>		REGISTRAR'S SIGNATURE <b>[Signature]</b>	
		25. FUNERAL DIRECTOR'S SIGNATURE <b>[Signature]</b> ADDRESS <b>4449 Washington</b>	

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**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

*Frederick P. Stark*

Licensed Embalmer No. *4599*

P. O. Address *St. Louis*

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.