S. No. 300
V. 10.48

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

FILED AUG 2 1949

# THE DIVISION OF HEALTH OF MISSOURI
## STANDARD CERTIFICATE OF DEATH

6076 State File No. 25738

BIRTH NO. _____ REG. DIST. NO. 317 PRIMARY REG. DIST. NO. 3066 Registrar's No. 1581

**1. PLACE OF DEATH**
a. COUNTY: St. Louis
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Rural--Kirkwood
c. LENGTH OF STAY (in this place): 2
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): Meramec River Near Sylman

**2. USUAL RESIDENCE** (Where deceased lived. If institution: residence before admission).
a. STATE: Mo.
b. COUNTY: 17
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): St. Louis
d. STREET ADDRESS (If rural, give location): 2630 Brannon Ave.

**3. NAME OF DECEASED** (Type or Print)
a. (First): RAYMOND
b. (Middle): Beach
c. (Last): TAYLOR

**4. DATE OF DEATH** (Month) (Day) (Year): July 2 1949

**5. SEX**: Male
**6. COLOR OR RACE**: White
**7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED** (Specify): Single
**8. DATE OF BIRTH**: Dec. 19, 1930
**9. AGE** (In years last birthday): 18 — IF UNDER 1 YEAR: Months 6, Days 13 — IF UNDER 24 HRS.: Hours, Min.
**10a. USUAL OCCUPATION** (Give kind of work done during most of working life, even if retired): Shoe Worker
**10b. KIND OF BUSINESS OR INDUSTRY**: Counter Heel Co.
**11. BIRTHPLACE** (State or foreign country): St. Louis, Mo.
**12. CITIZEN OF WHAT COUNTRY?**: U.S.A.
**13a. FATHER'S NAME**: Robert Taylor
**13b. MOTHER'S MAIDEN NAME**: Margaret Wright
**14. NAME OF HUSBAND OR WIFE**: None
**15. WAS DECEASED EVER IN U.S. ARMED FORCES?** (Yes, no, or unknown): No — (If yes, give war or dates of service)
**16. SOCIAL SECURITY NO.**: Unknown
**17. INFORMANT'S SIGNATURE OR NAME — ADDRESS**: Clarence Wright 2630 Brannon Ave.

**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, asthenia, etc. It means the disease, injury, or complication which caused death.*

**MEDICAL CERTIFICATION**

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Submersion Asphyxia -Drowning — INTERVAL BETWEEN ONSET AND DEATH: 7/2/49

ANTECEDENT CAUSES

*Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.*

DUE TO (b) _____

DUE TO (c) _____

II. OTHER SIGNIFICANT CONDITIONS

*Conditions contributing to the death but not related to the disease or condition causing death.*

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**19a. DATE OF OPERATION**
**19b. MAJOR FINDINGS OF OPERATION**
**20. AUTOPSY?** YES [ ] NO [X]

**21a. ACCIDENT SUICIDE HOMICIDE** (Specify): Accident
**21b. PLACE OF INJURY** (e.g., in or about home, farm, factory, street, office bldg., etc.): Meramec River
**21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)**: St. Louis County Missouri
**21d. TIME OF INJURY** (Month) (Day) (Year) (Hour): July 2, 1949 8 a.m.
**21e. INJURY OCCURRED** WHILE AT WORK [ ] NOT WHILE AT WORK [X]
**21f. HOW DID INJURY OCCUR?**: While swimming in Meramec River

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* 8:00A m., *from the causes and on the date stated above.*

**23a. SIGNATURE**: Arnold J. Willmann
**(Degree or title)**: Coroner
**23b. ADDRESS**: Clayton St. Louis County, Missouri
**23c. DATE SIGNED**: 7/6/49

**24a. BURIAL, CREMATION, REMOVAL** (Specify): Burial
**24b. DATE**: July 6, 1949
**24c. NAME OF CEMETERY OR CREMATORY**: New St. Marcus Cem.
**24d. LOCATION** (City, town, or county) (State): St. Louis Co. Mo.

**DATE REC'D BY LOCAL REG.**: 7-5-49
**REGISTRAR'S SIGNATURE**: Herbert R. Menke, MD
**25. FUNERAL DIRECTOR'S SIGNATURE — ADDRESS**: Kriegshauser 4228 S. Kingshighway Bl.

(Licensed Embalmer's Statement on Reverse Side)

## 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.....

.....,

working under my personal supervision.

Student Embalmer No.....

Signed Richard W. Stoessand

Signed.....
Student Embalmer

Licensed Embalmer No. 4007

P. O. Address.....

**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.**