S. No. 300
Rev. 10-48

FILED JUL 18 1950

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 25334

BIRTH NO. _____ REG. DIST. NO. 318 PRIMARY REG. DIST. NO. 1003 Registrar's No. 6013

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

1. PLACE OF DEATH
a. COUNTY
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): St. Louis
c. LENGTH OF STAY (in this place)
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): Enroute City Hospital

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Illinois
b. COUNTY: Madison
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Granite City 8120
d. STREET ADDRESS (If rural, give location): 1423 3rd St.

3. NAME OF DECEASED (Type or Print)
a. (First): James WILLIAM
b. (Middle): ~~Edward~~
c. (Last): Taylor

4. DATE OF DEATH (Month) (Day) (Year): July 11, 1950

5. SEX: Male 0
6. COLOR OR RACE: White
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): Married
8. DATE OF BIRTH: Sept. 23, 1923
9. AGE (In years last birthday): 26 — IF UNDER 1 YEAR: Months / Days — IF UNDER 24 HRS.: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Laborer
10b. KIND OF BUSINESS OR INDUSTRY
11. BIRTHPLACE (State or foreign country): Grayson Co., Ky.
12. CITIZEN OF WHAT COUNTRY?: U.S.

13a. FATHER'S NAME: James E. Taylor
13b. MOTHER'S MAIDEN NAME: Blanche Ramsey
14. NAME OF HUSBAND OR WIFE: Jamima Lasley

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): No Yes — (If yes, give war or dates of service): W.W. 2
16. SOCIAL SECURITY NO.: 402-18-3393 Unknown
17. INFORMANT'S SIGNATURE OR NAME: Jamima Taylor, Leitchfield, Ky. ~~Granite City, Ill.~~ — ADDRESS

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) Fr of skull; Laceration of brain; suffered in fall from steel being hoisted to tower at Foot of Catlin Str. when pin of block
ANTECEDENT CAUSES
DUE TO (b) Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (c) one gin pole broke about 900 AM
INTERVAL BETWEEN ONSET AND DEATH

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death. July 11 1950

19a. DATE OF OPERATION
19b. MAJOR FINDINGS OF OPERATION: Accident 900
20. AUTOPSY? YES ☑ NO ☐

21a. ACCIDENT SUICIDE HOMICIDE (Specify): Accident
21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.): Street
21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE): St Louis Mo
21d. TIME OF INJURY (Month) (Day) (Year) (Hour): July 11 50 900 p m.
21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐
21f. HOW DID INJURY OCCUR?: E 9105

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 _____ m., from the causes and on the date stated above.* HD

23a. SIGNATURE (Degree or title): Patrick E Taylor 3 Coroner
23b. ADDRESS: 1300 Clark
23c. DATE SIGNED: 7/12/50

24a. BURIAL, CREMATION, REMOVAL (Specify): Removal
24b. DATE: 7-12-50
24c. NAME OF CEMETERY OR CREMATORY: Fairview
24d. LOCATION (City, town, or county) (State): Litchfield, Ky.

DATE REC'D BY LOCAL REG.: JUL 12 1950
REGISTRAR'S SIGNATURE: J. B Lasater
25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS: Albert H. Hoppe, 4700 Washington Blvd.

(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 Robert M. Murray

Signed.....
Student Embalmer

Licensed Embalmer No. 3749

P. O. Address St. Louis, Mo.

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.

BC

THE STATE BOARD OF HEALTH OF MISSOURI
BUREAU OF VITAL STATISTICS

State of ..... } ss.
County of ..... }

State File No. 25334-50

AFFIDAVIT FOR CORRECTION OF A RECORD

Local Registrar's No. 6013

On this ..... day of ....., 194...., before me appears .....
....., who, upon ..... oath, states that the original record of birth/death for James William Taylor died ~~xxxxx~~ July 11-1950, 19...., in the State of Missouri, and which was filed at ..... on ....., 19...., should be corrected as follows:

Item No. 3 should read James William Taylor
Instead of James Edward Taylor

Item No. 15 should read Yes
Instead of No

Item No. ~~xxx~~ should read World War #2
Instead of ------

Item No. 16 should read 402-16-3393
Instead of

Item No. 17 should read Leitchfield, Ky
Instead of Granite City, Ill

Item No. ..... should read .....
Instead of .....

Item No. ..... should read .....
Instead of .....

Item No. ..... should read .....
Instead of .....

The above is true to the best of my knowledge, information and belief.

(SEAL)

Affiant Albert H. Hopper Fun. Dir
Relationship.

4700 Washington
Present Address.

Subscribed and sworn to before me this 21 day of July, ~~194~~ 1950

My Commission expires 3-4-53 Ella C. Paddock Notary Public.

Affidavits containing erasures will not be accepted; draw one line through error and write above it.

m V. S. 135
M—8-43
I X37817