

FILED JUL 19 1950

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

25684

State File No.

BIRTH NO. _____ REG. DIST. NO. 317 PRIMARY REG. DIST. NO. 6076 Registrar's No. 1689

| | | | |
|--|-------------------------------|---|---|
| 1. PLACE OF DEATH a. COUNTY <u>St. Louis</u> | | 2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>Missouri</u> b. COUNTY <u>St. Louis</u> | |
| b. CITY (If outside corporate limits, write RURAL and give town) <u>Kinloch</u> | | c. CITY (If outside corporate limits, write RURAL and give township) <u>Kinloch</u> | |
| c. LENGTH OF STAY (in this place) <u>Life</u> | | d. STREET ADDRESS* (If rural, give location) <u>5th & Hancock</u> | |
| d. FULL NAME OF HOSPITAL OR INSTITUTION <u>5th & Hancock</u> | | | |
| 3. NAME OF DECEASED a. (First) <u>Harold</u> | | b. (Middle) <u>Lee</u> | |
| c. (Last) <u>Taggart</u> | | 4. DATE OF DEATH (Month) (Day) (Year) <u>7/8/50</u> | |
| 5. SEX <u>Male</u> | 6. COLOR OR RACE <u>Negro</u> | 7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Married</u> | 8. DATE OF BIRTH <u>8/24/1907</u> |
| 9. AGE (In years last birthday) <u>42</u> | | 10. UNDER 1 YEAR (Months) <u>10</u> | 11. UNDER 2 HRS. (Hours) (Min.) <u>14</u> |
| 10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Custodian</u> | | 10b. KIND OF BUSINESS OR INDUSTRY <u>Adm. Center</u> | |
| 11. BIRTHPLACE (State or foreign country) <u>St. Louis, Missouri</u> | | 12. CITIZEN OF WHAT COUNTRY? <u>USA</u> | |
| 13a. FATHER'S NAME <u>Eugene Hamilton</u> | | 13b. MOTHER'S MAIDEN NAME <u>Dovie Taggart</u> | |
| 14. NAME OF HUSBAND OR WIFE <u>Alice Taggart</u> | | | |
| 15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <u>Yes WW II</u> | | 16. SOCIAL SECURITY NO. _____ | |
| 17. INFORMANT'S SIGNATURE OR NAME <u>Alice Taggart</u> | | ADDRESS <u>5th & Hancock</u> | |
| 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) <u>Cerebral Hemorrhage</u> | |
| ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. | | DUE TO (b) <u>Hypertensive Heart Disease</u> | |
| DUE TO (c) _____ | | INTERVAL BETWEEN ONSET AND DEATH <u>33ix</u> | |
| II. OTHER SIGNIFICANT CONDITIONS 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 type="checkbox"/> NO <input type="checkbox"/> | | | |
| 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) <u>St. Louis Mo. MO.</u> | | | |
| 21d. TIME OF INJURY (Month) (Day) (Year) (Hour) _____ | | 21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/> | |
| 21f. HOW DID INJURY OCCUR? _____ | | | |
| 22. I hereby certify that I attended the deceased from <u>7-6</u> , 19 <u>50</u> , to <u>7-8</u> , 19 <u>50</u> , that I last saw the deceased alive on <u>7-8</u> , 19 <u>50</u> , and that death occurred at <u>8:30</u> a.m., from the causes and on the date stated above. | | | |
| 23a. SIGNATURE <u>Joe H. Rainey</u> (Degree or title) _____ | | 23b. ADDRESS <u>St. Louis Mo.</u> | |
| 23c. DATE SIGNED <u>July 1/50</u> | | | |
| 24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u> | | 24b. DATE <u>7/14/50</u> | |
| 24c. NAME OF CEMETERY OR CREMATORY <u>National Cemetery</u> | | 24d. LOCATION (City, town, or county) (State) <u>Jefferson Bks, Missouri</u> | |
| DATE REC'D BY LOCAL REG. <u>7-12-50</u> | | REGISTRAR'S SIGNATURE <u>Herbert R. Donker</u> | |
| 25. FUNERAL DIRECTOR'S SIGNATURE <u>Chas. J. Gates</u> | | ADDRESS <u>4107 Finney Avenue</u> | |

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. 377

working under my personal supervision.

Student H. F. Draper
Student Embalmer

Signed John K. Cunningham
Licensed Embalmer No. 4476

P. O. Address 4107 Finney Avenue

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.