No. 300
10.48

FILED JAN 2 1951

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

42913

State File No. 10895

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

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) 1523 Franklin Ave

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE Missouri b. COUNTY
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township) St. Louis 2754
d. STREET ADDRESS (If rural, give location) 1523 Franklin

3. NAME OF DECEASED (Type or Print) a. (First) William b. (Middle) c. (Last) Taylor

4. DATE OF DEATH (Month) Dec. (Day) 18 (Year) 1950

5. SEX Male
6. COLOR OR RACE Negro.
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Divorced
8. DATE OF BIRTH Aug 31. 1910
9. AGE (In years last birthday) 40 IF UNDER 1 YEAR Months 3 Days 18 IF UNDER 24 HRS. Hours Min.

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

13a. FATHER'S NAME George Smith
13b. MOTHER'S MAIDEN NAME Jessie Smith
14. NAME OF HUSBAND OR WIFE

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) No
16. SOCIAL SECURITY NO.
17. INFORMANT'S SIGNATURE OR NAME ADDRESS Maline Davidson. 1523 Franklin

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 Apoplexy Cerebral — INTERVAL BETWEEN ONSET AND DEATH 12-17-50

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b) Hypertension — 30 Days
DUE TO (c)

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 ☐ NO ☐

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)

21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.
21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐
21f. HOW DID INJURY OCCUR? 334X

22. *I hereby certify that I attended the deceased from* Dec 17th, 1950, *to* Dec 18th, 1950, *that I last saw the deceased alive on* Dec 18th, 1950, *and that death occurred at* 8 p m., *from the causes and on the date stated above.*

23a. SIGNATURE (Degree or title) James T. Aldrich M.D.
23b. ADDRESS 2607 Franklin Ave
23c. DATE SIGNED 12-20-50

24a. BURIAL, CREMATION, REMOVAL (Specify) Removal
24b. DATE 12-
24c. NAME OF CEMETERY OR CREMATORY Oak Grove
24d. LOCATION (City, town, or county) (State) Paducah K.Y.

DATE REC'D BY LOCAL REG. DEC 20 1950
REGISTRAR'S SIGNATURE J. B. Lasator
25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS Atkins Bros 3644 Finney Ave

(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 Louis V. Atkins

Signed _____
Student Embalmer

Licensed Embalmer No. 2842

P. O. Address 3644 Finney

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.