No. 300
10.48

FILED AUG 25 1951

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 28777

BIRTH NO. _____ REG. DIST. NO. 318 PRIMARY REG. DIST. NO. 1003 Registrar's No. 7206

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

1. PLACE OF DEATH
a. COUNTY: 0
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): St. Louis, Missouri
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): St. Louis City Hospital #1

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Mo
b. COUNTY:
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): St. Louis Mo 2229
d. STREET ADDRESS (If rural, give location): 1920 La Salle 0

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

4. DATE OF DEATH (Month): AUGUST (Day): 11 (Year): 1951

5. SEX: Female
6. COLOR OR RACE: white
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): Widowed
8. DATE OF BIRTH: 11-1-1876
9. AGE (In years last birthday): 74 | 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): Hwk
10b. KIND OF BUSINESS OR INDUSTRY:
11. BIRTHPLACE (State or foreign country): Quincy Ill
12. CITIZEN OF WHAT COUNTRY?: U.S.

13a. FATHER'S NAME: Bernard Mescher
13b. MOTHER'S MAIDEN NAME: Elizabeth Heringer
14. NAME OF HUSBAND OR WIFE: Edward Taylor

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.:
17. INFORMANT'S SIGNATURE OR NAME: Albert Taylor
ADDRESS: 7002 Edison Normandy

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) Intracerebral hemorrhage — INTERVAL BETWEEN ONSET AND DEATH: 36 hrs

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b) Cerebral arteriosclerosis
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?: 33.1 X

22. *I hereby certify that I attended the deceased from* 8-4-51, *19*____, *to* 8-11-51, *19*____, *that I last saw the deceased alive on* 8-11-51, *19*____, *and that death occurred at* 10:10P *m., from the causes and on the date stated above.*

23a. SIGNATURE: Andrew L. Hahn **(Degree or title)**: MD
23b. ADDRESS: 1515 Lafayette Avenue
23c. DATE SIGNED: 8-13-51

24a. BURIAL, CREMATION, REMOVAL (Specify): Burial
24b. DATE: 8-14-51
24c. NAME OF CEMETERY OR CREMATORY: National Cem
24d. LOCATION (City, town, or county): Jefferson Brks **(State)**: Mo

DATE REC'D BY LOCAL REG. AUG 13 1951
REGISTRAR'S SIGNATURE: J. Earl Smith M.D. W.H.
25. FUNERAL DIRECTOR'S SIGNATURE: Moydell Funeral Home
ADDRESS: 1926 Allen

(Licensed Embalmer's Statement on Reverse Side)

NOV 6 1961

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 me

working under my personal supervision.

Student Embalmer No. .....

Signed Dale A Thaumann

Signed.....
Student Embalmer

Licensed Embalmer No. 4533

P. O. Address 17 Lion Mo

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply wit the above constitutes grounds for revocation of license.)

If this body is not embalmed, fact should be so stated above.