

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

6356
State File No. 1474

FILED MAR 5 1952

BIRTH NO. _____ REG. DIST. NO. 318 PRIMARY REG. DIST. NO. 1003 Registrar's No. 1474

1. PLACE OF DEATH a. COUNTY		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>MISSOURI</u> b. COUNTY	
b. CITY (If outside corporate limits, write RURAL and give town) <u>St. Louis, Missouri</u>		c. CITY (If outside corporate limits, write RURAL and give township) <u>ST. LOUIS</u> <u>2249</u>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>St. Louis City Hospital #1</u>		d. STREET ADDRESS (If rural, give location) <u>24 3348 OREGON</u>	
3. NAME OF DECEASED (Type or Print) a. (First) <u>KATHLEEN</u>		c. (Last) <u>EFFAN</u>	
5. SEX <u>FEMALE</u>		6. COLOR OR RACE <u>WHITE</u>	
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>MARRIED</u>		8. DATE OF BIRTH <u>1915</u>	
9. AGE (In years last birthday) <u>36 3/4</u>		10. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>TELEPHONE OPERATOR</u>	
11. BIRTHPLACE (State or foreign country) <u>OKLAHOMA</u>		12. CITIZEN OF WHAT COUNTRY? <u>1</u>	
13a. FATHER'S NAME <u>JOHN CHASTEEN</u>		13b. MOTHER'S MAIDEN NAME <u>KATHERINE TAYLOR</u>	
14. NAME OF HUSBAND OR WIFE <u>HARVEY TAYLOR</u>		15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service)	
16. SOCIAL SECURITY NO.		17. INFORMANT'S SIGNATURE OR NAME AND ADDRESS <u>HARVEY TAYLOR 3348 OREGON</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 suffocation, asphyxia, etc. It means the disease, injury, or complication which caused death.		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Malignant Hypertension</u> ANTECEDENT CAUSES <u>Chronic Glomerulonephritis</u> 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. <u>lung Abscess</u>	
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION	
20. AUTOPSY? YES <input checked="" 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)	
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.		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>1-10-52</u> , 19 <u>52</u> , to <u>2-15-52</u> , 19 <u>52</u> , that I last saw the deceased alive on <u>2-15-52</u> , 19 <u>52</u> , and that death occurred at <u>9:20A</u> m., from the causes and on the date stated above.			
23a. SIGNATURE <u>Albert E. Stock MD</u> (Degree or title)		23b. ADDRESS <u>1515 Lafayette Avenue</u>	
23c. DATE SIGNED <u>2-15-52</u>			
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>BURIAL</u>		24b. DATE <u>FEB. 18 1952</u>	
24c. NAME OF CEMETERY OR CREMATORY <u>New ST. MARCUS</u>		24d. LOCATION (City, town, or county) (State) <u>ST. LOUIS MO</u>	
DATE REC'D BY LOCAL REG. <u>FEB 16 1952</u>		REGISTRAR'S SIGNATURE <u>Carl Smith MD</u>	
25. FUNERAL DIRECTOR'S SIGNATURE <u>Thomas Kutis</u>		ADDRESS <u>2906 Leavois</u>	

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

January 1, 1913

St. Louis, Mo.

RECEIVED

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.....

Leo J. Purdie

Signed.....
Student Embalmer

.....
Licensed Embalmer No. *3989*

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.

THE STATE BOARD OF HEALTH OF MISSOURI
BUREAU OF VITAL STATISTICS

State File No. 6356
Local Registrar's No. 1474

State of Missouri }
City of St. Louis }
County of St. Louis } ss.

AFFIDAVIT FOR CORRECTION OF A RECORD

On this 23 day of Feb, 1952, before me appears Harvey Effan, who, upon his oath, states that the original record of death for Kathleen Effan, died Feb 15, 1951, in the State of Missouri, and which was filed at St. Louis mo on Feb 15, 1951, should be corrected as follows:

Item No. 8 should read AUG. 29 1915

Instead of aug 29 1914

Item No. 17 should read HARVEY EFFAN

Instead of Harvey Taylor

Item No. 9 should read age 36

Instead of

Item No. 14 should read Harvey Effan

Instead of " Taylor

Item No. _____ should read _____

Instead of _____

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 Harvey W. Effan (husband) Relationship.

3348 Oregon
Present Address.

Subscribed and sworn to before me this 23 day of Feb, 1952
My Commission expires Mar 21 1952 Adele Bondi Notary Public.

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

