

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

State File No. **6816**

**FILED FEB 27 1952** BIRTH NO. \_\_\_\_\_ REG. DIST. NO. **318** PRIMARY REG. DIST. NO. **1003** Registrar's No. **1160**

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

1. PLACE OF DEATH a. COUNTY		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <b>MO</b> b. COUNTY	
b. CITY (If outside corporate limits, write RURAL and give OR TOWN <b>ST. LOUIS, MISSOURI</b> )		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <b>ST LOUIS 2179</b>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <b>ST. LOUIS CITY HOSPITAL #1</b>		d. STREET ADDRESS (If rural, give location) <b>3827 SHENANDOAH AVE</b>	
3. NAME OF DECEASED (Type or Print) a. (First) <b>CHARLES</b> b. (Middle) <b>VERNON</b> c. (Last) <b>TAYLOR</b>		4. DATE OF DEATH (Month) (Day) (Year) <b>FEB. 3, 1952</b>	
5. SEX <b>MALE</b>	6. COLOR OR RACE <b>WHITE</b>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <b>MARRIED</b>	8. DATE OF BIRTH <b>JULY 3-1881</b>
9. AGE (In years last birthday) <b>70</b>		IF UNDER 1 YEAR (Months) (Days) <b>7 0</b>	IF UNDER 24 HRS. (Hours) (Min.)
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <b>MACHINIST</b>		10b. KIND OF BUSINESS OR INDUSTRY <b>MID WEST PIPE CO</b>	11. BIRTHPLACE (State or foreign country) <b>EUDORIA KANSAS</b>
12. CITIZEN OF WHAT COUNTRY?			
13a. FATHER'S NAME <b>SAMUAL TAYLOR</b>		13b. MOTHER'S MAIDEN NAME <b>AUGUSTA CLOSE</b>	
14. NAME OF HUSBAND OR WIFE <b>EDITH TAYLOR</b>			
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <b>YES</b>	16. SOCIAL SECURITY NO. <b>489-10-3118</b>	17. INFORMANT'S SIGNATURE OR NAME <b>Edith Taylor</b> ADDRESS <b>3827 Shenandoah</b>	
18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c))		INTERVAL BETWEEN ONSET AND DEATH <b>years</b>	
I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <b>Uremia due to</b>			
ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last: DUE TO (b) <b>arterioder nephrosclerosis</b>			
DUE TO (c) <b>General arteriosclerosis Generalized arteriosclerosis</b>			
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 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) (Min.)	21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	21f. HOW DID INJURY OCCUR? <b>Htblx</b>	
22. I hereby certify that I attended the deceased from <b>1-31-52</b> , 19___, to <b>2-3-52</b> , 19___, that I last saw the deceased alive on <b>2-3-52</b> , 19___, and that death occurred at <b>4:50 P.m.</b> , from the causes and on the date stated above.			
23a. SIGNATURE <b>Andrew J. Hahn</b> (Degree or title)		23b. ADDRESS <b>1515 Lafayette Avenue</b>	
23c. DATE SIGNED <b>2-4-52</b>			
24a. BURIAL, CREMATION, REMOVAL (Specify) <b>BURIAL</b>	24b. DATE <b>FEB-6-1952</b>	24c. NAME OF CEMETERY OR CREMATORY <b>NEW ST MARCUS CEM.</b>	24d. LOCATION (City, town, or county) (State) <b>ST. LOUIS MO</b>
DATE REC'D BY LOCAL REG <b>FEB 6 1952</b>		25. FUNERAL DIRECTOR'S SIGNATURE <b>Wm J. Robert L + U. C.</b> ADDRESS <b>1905 So Grand</b>	
REGISTRAR'S SIGNATURE <b>Carl Smith</b>			

(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.....

*Ronald G. Yalinski*

Signed.....  
Student Embalmer

Licensed Embalmer No.....

P. O. Address.....

*3917*

*St. Louis*

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.