

# STANDARD CERTIFICATE OF DEATH

3829

State File No. ....

FILED FEB 11 1953

REG. DIST. NO. 318 PRIMARY REG. DIST. NO. 1003

Registrar's No. 1105

<b>1. PLACE OF DEATH</b> a. COUNTY  b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>St. Louis</u> c. LENGTH OF STAY (in this place) (township) <u>12 Yrs.</u> d. FULL NAME OF HOSPITAL OR INSTITUTION <u>1128 Newhouse</u>		<b>2. USUAL RESIDENCE</b> (Where deceased lived. If institution: residence before admission). a. STATE <u>Missouri</u> b. COUNTY  c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>St. Louis</u> <u>2269</u> d. STREET ADDRESS (If rural, give location) <u>26</u> <u>1128 Newhouse</u>	
<b>3. NAME OF DECEASED</b> (Type or Print) <u>FRED</u> a. (First) b. (Middle) c. (Last) <u>TAYLOR</u>		<b>4. DATE OF DEATH</b> (Month) (Day) (Year) <u>Jan. 26, 1953</u>	
<b>5. SEX</b> <u>Male</u>	<b>6. COLOR OR RACE</b> <u>White</u>	<b>7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED</b> (Specify) <u>Married</u>	<b>8. DATE OF BIRTH</b> <u>April 16, 1895</u>
<b>9. AGE</b> (In years last birthday) <u>57</u>		IF UNDER 1 YEAR Months <u>9</u>	IF UNDER 12 HRS. Days <u>10</u>
<b>10a. USUAL OCCUPATION</b> (Give kind of work done during most of working life, even if retired) <u>Maintainance Man</u>		<b>10b. KIND OF BUSINESS OR INDUSTRY</b> <u>Retired</u>	
<b>11. BIRTHPLACE</b> (City and State or Foreign Country) <u>Whiting, Missouri</u>		<b>12. CITIZEN OF WHAT COUNTRY?</b> <u>USA</u>	
<b>13a. FATHER'S NAME</b> <u>William Taylor</u>		<b>13b. MOTHER'S MAIDEN NAME</b> <u>Katherine Moore</u>	
<b>14. NAME OF HUSBAND OR WIFE</b> <u>Minnie Taylor</u>		<b>15. WAS DECEASED EVER IN U.S. ARMED FORCES?</b> (Yes, no, or unknown) (If yes, give war or dates of service) <u>No</u>	
<b>16. SOCIAL SECURITY NO.</b> <u>None</u>		<b>17. INFORMANT'S SIGNATURE OR NAME</b> <u>Minnie Taylor, 1128 Newhouse, St. Louis, Mo.</u>	
<b>18. CAUSE OF DEATH</b> Enter only one cause per line for (a), (b), and (c)  *This does not mean the mode of dying, such as heart failure, asthma, etc. It means the disease, injury, or complication which caused death.		<b>MEDICAL CERTIFICATION</b> <b>I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH*</b> (a) <u>Myocardial Infarction</u> <b>ANTECEDENT CAUSES</b> Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <u>Arteriosclerotic Heart Disease</u> DUE TO (c)	
<b>19a. DATE OF OPERATION</b>		<b>19b. MAJOR FINDINGS OF OPERATION</b>	
<b>20. AUTOPSY?</b> YES <input type="checkbox"/> NO <input type="checkbox"/>		<b>21. INTERVAL BETWEEN ONSET AND DEATH</b> <u>2 hrs</u>  <u>2 years</u>	
<b>21a. ACCIDENT SUICIDE HOMICIDE</b> (Specify)	<b>21b. PLACE OF INJURY</b> (e.g., in or about home, farm, factory, street, office bldg., etc.)	<b>21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)</b>	
<b>21d. TIME OF INJURY</b> (Month) (Day) (Year) (Hour)	<b>21e. INJURY OCCURRED</b> WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	<b>21f. HOW DID INJURY OCCUR?</b> <u>4200</u>	
<b>22. I hereby certify that I attended the deceased from <u>11-14, 1952, to 1-26, 1953</u>, that I last saw the deceased alive on <u>1-12, 1953</u>, and that death occurred at <u>10:20 Am.</u>, from the causes and on the date stated above.</b>			
<b>23a. SIGNATURE</b> <u>M. Norman Oryel</u>		<b>23b. ADDRESS</b> <u>508 ho Grand</u>	
(Degree or title) <u>M.D.</u>		<b>23c. DATE SIGNED</b> <u>1-24-53</u>	
<b>24a. BURIAL, CREMATION, REMOVAL</b> (Specify) <u>Removal</u>	<b>24b. DATE</b> <u>Jan. 29, 1953</u>	<b>24c. NAME OF CEMETERY OR CREMATORY</b> <u>Mt. Hope Cemetery</u>	<b>24d. LOCATION</b> (City, town, or county) (State) <u>St. Louis County, Missouri.</u>
<b>DATE REC'D BY LOCAL REG.</b> <u>JAN 30 1953</u>		<b>25. FUNERAL DIRECTOR'S SIGNATURE</b> <u>McAughlin Funeral Home, 2301 Lafayette.</u>	
<b>REGISTRAR'S SIGNATURE</b> <u>J. Carl Smith MD</u>		<b>ADDRESS</b> (Licensed Embalmer's Statement on Reverse Side)	

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. ....

working under my personal supervision.

Student .....  
Student Embalmer

Signed James R. Chapman.....

Licensed Embalmer No. 4552

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.