

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

34873

RECORDED OCT 15 1953

State File No. ....

318

1003

9168

BIRTH NO. _____		REG. DIST. NO. _____		PRIMARY REG. DIST. NO. _____		Registrar's No. _____	
1. PLACE OF DEATH a. COUNTY _____			2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE MISSOURI. b. COUNTY _____				
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN ST. LOUIS, MISSOURI.		c. LENGTH OF STAY (In this place) 6 days.	c. CITY OR TOWN ST. LOUIS,		d. Is Residence within limits of a city or incorporated town? Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>		
d. FULL NAME OF (If not in hospital or institution, give street address or location) HOSPITAL OR INCARNATE WORD HOSPITAL.			5. STREET ADDRESS #721 GOODFELLOW AVENUE, (If rural, give location)				
3. NAME OF DECEASED (Type or Print)	a. (First) ROSE	b. (Middle) TAYLOR	c. (Last) YOUNG.	4. DATE OF DEATH (Month) (Day) (Year) SEP 'T 21, 1953.			
5. SEX FEMALE.	6. COLOR OR RACE WHITE.	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) WIDOWED.	8. DATE OF BIRTH JAN 'Y 11, 1886.	9. AGE (In years last birthday) 67.	If UNDER 1 YEAR Months	If UNDER 1 YEAR Days	If UNDER 4 HRS. Hours Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Housewife..		10b. KIND OF BUSINESS OR INDUSTRY At Home.		11. BIRTHPLACE (City and State or Foreign Country) CARM, ILLINOIS.		12. CITIZEN OF WHAT COUNTRY? U.S.A.	
13a. FATHER'S NAME WILLIAM F. TAYLOR.		13b. MOTHER'S MAIDEN NAME ETTA HODGE.		14. NAME OF HUSBAND OR WIFE LOUIS YOUNG.			
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. NONE.		17. INFORMANT'S SIGNATURE OR NAME ADDRESS GLADIS HOLDEN, 6328 SUTHERLAND AVE,			
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.	1. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <i>Carcinoma Fundus uteri</i>						INTERVAL BETWEEN ONSET AND DEATH <i>6 mos</i>
	2. ANTECEDENT CAUSES 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. <i>metastases to liver &amp; general ascites -</i>						
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION				20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" 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) (Minute)		21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21f. HOW DID INJURY OCCUR? <i>172X</i>			
22. I hereby certify that I attended the deceased from <i>15 Sept 1953</i> , to <i>21 Sept 1953</i> , that I last saw the deceased alive on <i>20 Sept 1953</i> , and that death occurred at <i>10:52</i> m., from the causes and on the date stated above.							
23a. SIGNATURE <i>William F. Taylor M.D.</i>			23b. ADDRESS <i>7619 a Gray Ave.</i>			23c. DATE SIGNED <i>9/22/53</i>	
24a. BURIAL, CREMATION, REMOVAL (Specify)		24b. DATE <i>9-25-53</i>	24c. NAME OF CEMETERY OR CREMATORY <i>Mt. Lebanon Cemetery.</i>		24d. LOCATION (City, town, or county) (State) <i>St. Louis County, Mo.,</i>		
DATE REC'D BY LOCAL REG. <i>SEP 22 1953</i>		REGISTRAR'S SIGNATURE <i>Carl Smith M.D.</i>		25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS <i>C.R. Lupton &amp; Sons. #7233 Delmar Blv'd.,</i>			

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

Director 3-4345

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.....  
Signature of Student Embalmer

Signed *Clarence A. Murray*.....

Licensed Embalmer No. *4010*.....

P. O. Address *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 embalmed by a STUDENT, he also shall sign in his OWN handwriting.  
If this body is not embalmed, fact should be so stated above.