

FILED JUN 8 1954

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

State File No. 17557

BIRTH NO.		REG. DIST. NO. 317		PRIMARY REG. DIST. NO. 500		Registrar's No. 1102				
1. PLACE OF DEATH a. COUNTY St. Louis				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE Missouri				b. COUNTY St. Louis		
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Riverview Gardens		c. LENGTH OF STAY (In this place) 15 Years		c. CITY OR TOWN Riverview Gardens		d. Is Residence within limits of a city or incorporated town? Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>				
d. FULL NAME OF HOSPITAL OR INSTITUTION. 9815 Jeffrey Drive, 15,				e. STREET ADDRESS (If rural, give location) 9815 Jeffrey Drive, 15,						
3. NAME OF DECEASED (Type or Print) SAMUEL			a. (First)		b. (Middle) C.		c. (Last) TAYLOR			
4. DATE OF DEATH (Month) (Day) (Year) May 9th, 1954										
5. SEX Male		6. COLOR OR RACE White		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Married		8. DATE OF BIRTH Nov. 25th, 1900		9. AGE (In years last birthday) 53		
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Service Man		10b. KIND OF BUSINESS OR INDUSTRY G. S. Novelty Co.		11. BIRTHPLACE (City and State or Foreign Country) St. Louis, Missouri.			12. CITIZEN OF WHAT COUNTRY? USA			
13a. FATHER'S NAME Samuel Taylor			13b. MOTHER'S MAIDEN NAME Leona Maul			14. NAME OF HUSBAND OR WIFE Esther Taylor nee Knight				
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) No		16. SOCIAL SECURITY NO. None		17. INFORMANT'S SIGNATURE OR NAME Mrs. Samuel C. Taylor, 9815 Jeffrey Drive		ADDRESS 9815 Jeffrey Drive				
18. CAUSE OF DEATH. Enter only one cause per line for (a), (b), and (c)				MEDICAL CERTIFICATION				INTERVAL BETWEEN ONSET AND DEATH		
I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a)				from the blast of a 12 ga. shotgun into the heart and chest, suffered in						
*This does not mean the mode of dying, such as heart failure, athenia, etc. It means the disease, injury, or complication which caused death.				ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.				DUE TO (b) his home when said gun in some undetermined manner was discharged, while		
				DUE TO (c) he was probably looking for something						
II. OTHER SIGNIFICANT CONDITIONS in the bedroom closet in which the gun				Conditions contributing to the death but not related to the disease or condition causing death. was kept.						
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION						20. AUTOPSY? YES <input type="checkbox"/> NO <input type="checkbox"/>		
21a. ACCIDENT SUICIDE HOMICIDE (Specify) Open		21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) Home		21c. (CITY, TOWN, OR TOWNSHIP) Riverview Gardens		(COUNTY) St. Louis		(STATE) Mo.		
21d. TIME OF INJURY 5/9/54 11:30Pm.		21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input checked="" type="checkbox"/>		21f. HOW DID INJURY OCCUR? Gunshot wound into heart and chest.						
22. I hereby certify that I attended the deceased from _____, 19____, to _____, 19____, that I last saw the deceased alive on _____, 19____, and that death occurred at _____ m., from the causes and on the date stated above.										
22a. SIGNATURE Alfred J. Willmann Coroner				22b. ADDRESS Clayton, Mo.		22c. DATE SIGNED 5/13/54				
24a. BURIAL, CREMATION, REMOVAL (Specify) Burial		24b. DATE 5/13/54		24c. NAME OF CEMETERY OR CREMATORY Friedens Cemetery		24d. LOCATION (City, town, or county) (State) St. Louis County, Missouri				
DATE REC'D BY LOCAL REG. 5-11-54		REGISTRAR'S SIGNATURE Herbert P. Dombey		25. FUNERAL DIRECTOR'S SIGNATURE CALVIN F. FEUTZ					ADDRESS 4828 Natural Bridge Blvd., FUNERAL HOME INC., St. Louis, Mo.	

52 (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.....  
Signature of Student Embalmer

Signed..... *Ralph C. Linders*

Licensed Embalmer No. *42*

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.