

FILED DEC 16 1954

STANDARD CERTIFICATE OF DEATH

State File No. 428869 Registrar's No. 10465

BIRTH NO.		REG. DIST. NO. 318		PRIMARY REG. DIST. NO. 1003		Registrar's No. 10465					
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 town or township) Town St. Louis, Mo.			c. LENGTH OF STAY (in this place) DOA		c. CITY OR TOWN St. Louis,		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 (If not in hospital or institution, give street address or location) Enroute City Hospital.				e. STREET ADDRESS (If rural, give location) 21 1817a Cass							
3. NAME OF DECEASED (Type or Print) Pearl			a. (First)		b. (Middle) V.		c. (Last) Taylor				
4. DATE OF DEATH (Month) (Day) (Year) Nov. 15, 1954		5. SEX Female		6. COLOR OR RACE White		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Widow		8. DATE OF BIRTH Dec. 7, 1902			
9. AGE (In years last birthday) 51		if UNDER 1 YEAR Months		if UNDER 1 YEAR Days		if UNDER 12 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) St. Louis, Mo.		12. CITIZEN OF WHAT COUNTRY? U.S.A.			
13a. FATHER'S NAME Unknown) Yates			13b. MOTHER'S MAIDEN NAME Unknown			14. NAME OF HUSBAND OR WIFE George Taylor					
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. Nil.			17. INFORMANT'S SIGNATURE OR NAME Ida E. Collier, 2351 Menard St.			ADDRESS		
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, asthma, etc. It means the disease, injury, or complication which caused death.				MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Carbonyl Monoxide Poisoning ANTECEDENT CAUSES when found dead in front at 8107 Cass Ave., about 9:15 pm Nov 15, 1954. Having been observed by James from 8107 Cass by James from II. OTHER SIGNIFICANT CONDITIONS circulating gas meter with vent attached				INTERVAL BETWEEN ONSET AND DEATH			
19a. DATE OF OPERATION				19b. MAJOR FINDINGS OF OPERATION Accident				20. AUTOPSY? YES <input checked="" type="checkbox"/> NO <input type="checkbox"/>			
21a. ACCIDENT (Specify) Accident			21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) Home			21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE) St. Louis Mo					
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) Nov 15 54 9 p.			21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>			21f. HOW DID INJURY OCCUR? E8900					
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 10:10 p.m. , from the causes and on the date stated above. 1 of											
23a. SIGNATURE Patrick F. Taylor, Coroner					23b. ADDRESS 1300 Clark			23c. DATE SIGNED 11-17-54			
24a. BURIAL, CREMATION, REMOVAL (Specify) Removal		24b. DATE 11-18-54		24c. NAME OF CEMETERY OR CREMATORY Memorial Park Cem.		24d. LOCATION (City, town, or county) (State) St. Louis, County, Mo.					
DATE REC'D BY LOCAL REG. NOV 17 1954		REGISTRAR'S SIGNATURE J. Carl Smith, M.D.			25. FUNERAL DIRECTOR'S SIGNATURE Albert H. Hoppe					ADDRESS 4700 Washington.	

S.P. (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 *J. Wm. Dunkley*

Licensed Embalmer No. *365*

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.