

FILED JAN 27 1955

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATHState File No. **44219**BIRTH NO. _____ REG. DIST. NO. **317** PRIMARY REG. DIST. NO. **543** Registrar's No. **2917**

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) Jennings		c. LENGTH OF STAY (In this place) 40 yrs	c. CITY OR TOWN Jennings 4/4 8
d. FULL NAME OF HOSPITAL OR INSTITUTION 4500 Jennings Road		e. STREET ADDRESS (If rural, give location) 4500 Jennings Road	
3. NAME OF DECEASED (Type or Print) a. (First) William b. (Middle) _____ c. (Last) Taylor		4. DATE OF DEATH (Month) (Day) (Year) 12 - 18 - 1954	
5. SEX Male	6. COLOR OR RACE White	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Divorced	8. DATE OF BIRTH 11 - 20 - 1879
9. AGE (In years last birthday) 75		10. IF UNDER 1 YEAR: MONTHS _____ DAYS _____ IF UNDER 24 HRS. HOURS _____ MIN. _____	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Stone Mason		10b. KIND OF BUSINESS OR INDUSTRY Building	11. BIRTHPLACE (City and State or Foreign Country) Scotland 4
12. CITIZEN OF WHAT COUNTRY? USA		13a. FATHER'S NAME William Taylor	
13b. MOTHER'S MAIDEN NAME Isabelle McKay		14. NAME OF HUSBAND OR WIFE Bessie Lee Watkins	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) No (If yes, give war or dates of service)		16. SOCIAL SECURITY 499-10-8114	
17. INFORMANT'S SIGNATURE OR NAME Isabelle Crisman ADDRESS 5454 Dahlia Dr. Los Angeles, Calif.		18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c) Acute lobar pneumonia of left lung (pneumococcal type) and perforating duodenal ulcer with chemical peritonitis	
I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Acute lobar pneumonia of left lung (pneumococcal type) and perforating duodenal ulcer with chemical peritonitis		MEDICAL CERTIFICATION	
*This does not mean the mode of dying, such as heart failure, asthma, etc. It means the disease, injury, or complication which caused death.		INTERVAL BETWEEN ONSET AND DEATH	
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. chemical peritonitis		ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) lung (pneumococcal type) and DUE TO (c) perforating duodenal ulcer with	
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION death	
20. AUTOPSY? YES <input checked="" type="checkbox"/> NO <input type="checkbox"/>		21a. ACCIDENT SUICIDE HOMICIDE natural causes	
21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) home		21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE) Pine Lawn St. Louis Mo.	
21d. TIME (Month) (Day) (Year) OF INJURY Dec. 18, 1954 9:00 a.m.		21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input checked="" type="checkbox"/>	
21f. HOW DID INJURY OCCUR? No injury - Death from natural causes		22. I hereby certify that I attended the deceased from _____, 19____, to _____, 19____, that I last saw the deceased slide on _____, 19____, and that death occurred at _____ m., from the causes and on the date stated above.	
23a. SIGNATURE (Degree or title) Arnold J. Willmann, Coroner		23b. ADDRESS Clayton, Mo.	
23c. DATE SIGNED 12-20-54		24a. BURIAL, CREMATION, REMOVAL (Specify) Burial	
24b. DATE 12/20/54		24c. NAME OF CEMETERY OR CREMATORY Memorial Park Cem.	
24d. LOCATION (City, town, or county) (State) St. Louis County Mo.		25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS Drehmann-Harral 1805 Union Blvd.	
DATE REC'D BY LOCAL REG. 12-20-54		REGISTRAR'S SIGNATURE Herbert R. Donke M.D.	

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.....
Robert A. Thompson

Licensed Embalmer No. *4231*

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.