

FILED MAR 7 1955

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. **6555**
Registrar's No. **1577**

BIRTH NO.		REG. DIST. NO. 318		PRIMARY REG. DIST. NO. 1003		Registrar's No.	
1. PLACE OF DEATH a. COUNTY				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE Mo. b. COUNTY			
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN St. Louis		c. LENGTH OF STAY (in this place) 0		c. CITY OR TOWN St. Louis		d. Is Residence within limits of a city or incorporated town? Yes <input type="checkbox"/> No <input type="checkbox"/>	
d. FULL NAME OF HOSPITAL OR INSTITUTION St. John's Hospital				STREET ADDRESS (If rural, give location) 2129 314 Clara Ave.			
3. NAME OF DECEASED (Type or Print) HELEN		a. (First)		b. (Middle)		c. (Last) TAUBE	
4. DATE OF DEATH Feb. 17 1955		5. SEX Female		6. COLOR OR RACE White		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Married	
8. DATE OF BIRTH Dec. 22, 1899		9. AGE (In years last birthday) 55.60		10. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Housework		11. BIRTHPLACE (City and State or Foreign Country) Festus, Mo.	
10a. USUAL OCCUPATION		10b. KIND OF BUSINESS OR INDUSTRY		12. CITIZENSHIP OF WHAT COUNTRY? U.S.A.		13. FATHER'S NAME George Armbruster	
13b. MOTHER'S MAIDEN NAME Elizabeth Murrey		14. NAME OF HUSBAND OR WIFE Edward H. Taube		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.	
17. INFORMANT'S SIGNATURE OR NAME Edward H. Taube		ADDRESS 314 Clara Ave.		18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c) <i>Does not mean cause of dying, such as pneumonia, asthma, etc. It means the disease, injury, or complication which caused death.</i>			
MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Subphrenic Abscess				INTERVAL BETWEEN ONSET AND DEATH 5 days			
ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) Perforated Gastro-Esophageal Ulcer				5 days			
DUE TO (c) Esophageal Hiatus Hernia				1 yr -			
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. Rt. Pleural Effusion							
19a. DATE OF OPERATION 2/14/55		19b. MAJOR FINDINGS OF OPERATION Esophageal Hiatus Hernia:				20. AUTOPSY? YES <input checked="" type="checkbox"/> NO <input 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)		21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21f. HOW DID INJURY OCCUR? 5614			
22. I hereby certify that I attended the deceased from 2/10, 1955 , to 2/17, 1955 , that I last saw the deceased alive on 2/17, 1955 , and that death occurred at 8:15A m. , from the causes and on the date stated above.							
23. SIGNATURE (Degree or title) Emerson H. Howland, M.D.				23b. ADDRESS 106 So. Central		23c. DATE SIGNED 2/18/55	
24a. BURIAL, CREMATION, REMOVAL (Specify) Removal		24b. DATE Feb. 21, 1955		24c. NAME OF CEMETERY OR CREMATORY Resurrection Cem.		24d. LOCATION (City, town, or county) (State) St. Louis Co. Mo.	
DATE REC'D BY LOCAL REG. FEB 18 1955		REGISTRAR'S SIGNATURE J. Carl Smith, M.D.		25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS Kriegshauser 4228 S. Kingshighway Bl.			

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 *Edwin M. Bennett*.....

Licensed Embalmer No. *302*.....

P. O. Address

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.