

FILED MAR 31 1955

STANDARD CERTIFICATE OF DEATH

State File No.

10273

BIRTH NO.

REG. DIST. NO.

318

PRIMARY REG. DIST. NO.

1003

Registrar's No.

2306

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		c. LENGTH OF STAY (In this place)	c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN ST. LOUIS		
d. FULL NAME OF HOSPITAL OR INSTITUTION 3710 ILLINOIS AVENUE			d. STREET ADDRESS (If rural, give location) 24 3710 ILLINOIS AVENUE		
3. NAME OF DECEASED (Type or Print) CHARLES		a. (First)	b. (Middle)	c. (Last) TAUBE	4. DATE OF DEATH (Month) (Day) (Year) MARCH 11, 1955
5. SEX M	6. COLOR OR RACE W	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) M	8. DATE OF BIRTH OCTOBER 29-1890	9. AGE (In years last birthday) 64	10. IF UNDER 1 YEAR Months Days Hours Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) paperhanger		10b. KIND OF BUSINESS OR INDUSTRY Decorating	11. BIRTHPLACE (City and State or Foreign Country) Morrison, Gasconade Cty, Mo.		12. CITIZEN OF WHAT COUNTRY? USA
13a. FATHER'S NAME August W. Taube		13b. MOTHER'S MAIDEN NAME Ida Simon		14. NAME OF HUSBAND OR WIFE Theresa Stelzer Taube	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) YES		16. SOCIAL SECURITY NO. 497-20-5033	17. INFORMANT'S SIGNATURE OR NAME Theresa Taube, 3710 Illinois 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, asthma, etc. It means the disease, injury, or complication which caused death.	MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Carcinoma of lung</u> 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.				INTERVAL BETWEEN ONSET AND DEATH
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) (Min.)	
21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	21f. HOW DID INJURY OCCUR? 163x				
22. I hereby certify that I attended the deceased from <u>7-9, 1954</u> , to <u>3-11, 1955</u> , that I last saw the deceased alive on <u>3-11, 1955</u> , and that death occurred at <u>4:30 P.M.</u> , from the causes and on the date stated above.					
23a. SIGNATURE <u>John H. Embelmer M.D.</u>			23b. ADDRESS <u>1504 So Grand Ave</u>		23c. DATE SIGNED <u>3-11-55</u>
24a. BURIAL, CREMATION, REMOVAL (Specify) REMOVAL	24b. DATE <u>3-14-55</u>	24c. NAME OF CEMETERY OR CREMATORY NATIONAL CEMETERY		24d. LOCATION (City, town, or county) (State) JEFFERSON BARRACKS, MISSOURI	
DATE REC'D BY LOCAL REG. MAR 14 1955	REGISTRAR'S SIGNATURE <u>J. Carl Smith M.D.</u>		25. FUNERAL DIRECTOR'S SIGNATURE BEIDERWIEDEN F.H. 1936 ST. LOUIS AVE		

(Licensed Embalmer's Statement on Reverse Side)

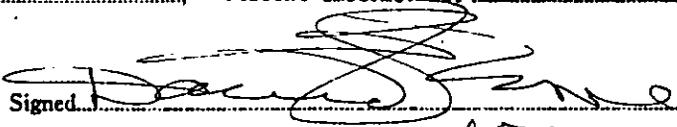
STATEMENT BY LICENSED EMBALMER

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
Student Embalmer

Signed... 

Licensed Embalmer No. 4520

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 this body is not embalmed, fact should be so stated above.