

FILED OCT 7 - 1955

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. **31560**
8575
Registrar's No.

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 ILLINOIS b. COUNTY MADISON		
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN ST. LOUIS		c. LENGTH OF STAY (In this place)	c. CITY OR TOWN GRANITE CITY		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 FIRMIN DESLOGE			e. STREET ADDRESS (If rural, give location) 2430 ADAMS STREET		
3. NAME OF DECEASED (Type or Print) a. (First) MARY b. (Middle) THELMA c. (Last) TAYLOR			4. DATE OF DEATH (Month) (Day) (Year) 9 27 1955		
5. SEX FEMALE	6. COLOR OR RACE WHITE	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) MARRIED	8. DATE OF BIRTH 7-2-1898	9. AGE (In years last birthday) 57	# UNDER 1 YEAR Months Days
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) SALES WOMAN		10b. KIND OF BUSINESS OR INDUSTRY FAMOUS-BARR	11. BIRTHPLACE (City and State or Foreign Country) MT. VERNON, ILLINOIS		12. CITIZEN OF WHAT COUNTRY? U.S.
13a. FATHER'S NAME HARRY CLAY		13b. MOTHER'S MAIDEN NAME BERTHA ALDEN	14. NAME OF HUSBAND OR WIFE MARVIN 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. 352-20-0298	17. INFORMANT'S SIGNATURE OR NAME Marvin Taylor ADDRESS 2430 Adams Granite City		
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) Carcinoma of liver 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 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) m.		21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21f. HOW DID INJURY OCCUR?	
22. I hereby certify that I attended the deceased from 8/1, 1955 , to 9/27, 1955 , that I last saw the deceased alive on 9/27, 1955 , and that death occurred at 6:15 m., from the causes and on the date stated above.					
23a. SIGNATURE Haver Freedman MD (Degree or title)			23b. ADDRESS 607 No Grand St. Louis Mo		23c. DATE SIGNED 9/30/55
24a. BURIAL, CREMATION, OR DISPOSITION (Specify)		24b. DATE 9-30-1955	24c. NAME OF CEMETERY OR CREMATORY ST. JOHNS		24d. LOCATION (City, town, or county) (State) GRANITE CITY, ILLINOIS
DATE REC'D BY LOCAL REG. SEP 30 1955		REGISTRAR'S SIGNATURE J. Earl Smith		FUNERAL DIRECTOR'S SIGNATURE ADDRESS Frank Mercer Granite City	

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 *Charles E. Mercer*.....

Licensed Embalmer No. *290*.....

P. O. Address *Granite*.....

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.