

THE DIVISION OF HEALTH OF MISSOURI
 STANDARD CERTIFICATE OF DEATH

29210

State File No.
 Registrar's No. **7696**

FILED SEP 6 1956

BIRTH NO. REG. DIST. NO. **318** PRIMARY REG. DIST. NO. **1003**

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) 1 hour	
d. FULL NAME OF HOSPITAL OR INSTITUTION Barnes Hospital		d. STREET ADDRESS (If rural, give location) Route #2, Box 532	
3. NAME OF DECEASED (Type or Print) a. (First) Bruce L. b. (Middle) L c. (Last) Taylor			4. DATE OF DEATH (Month) (Day) (Year) August 17 1956
5. SEX male	6. COLOR OR RACE white	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) married	8. DATE OF BIRTH June 6, 1920
9. AGE (in years last birthday) 36		10. UNDER 1 YEAR (Months) (Days)	10. OVER 1 YEAR (Months) (Days) (Hours) (Min.)
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Plumber		10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (City and State or Foreign Country) Akron, Ohio
12. CITIZEN OF WHAT COUNTRY? USA		13a. FATHER'S NAME Richard H. Taylor	
13b. MOTHER'S MAIDEN NAME G. Lillian Cook		14. NAME OF HUSBAND OR WIFE Virginia F. Taylor	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) YES 2nd World War		16. SOCIAL SECURITY NO. unknown	17. INFORMANT'S SIGNATURE OR NAME ADDRESS Mrs. Virginia Taylor, Granite City, Ills
18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c))			
MEDICAL CERTIFICATION			
I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* Fractured Skull with gross damage, suffered when car operated by deceased went out of control and turned over on July 14, 1956.		INTERVAL BETWEEN ONSET AND DEATH	
*This does not mean the mode of dying, such as heart failure, asthma, etc. It means the disease, injury, or complication which caused death.		II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. Fractured skull, Illinois (Franklin County), about 5:30 p.m. August 17, 1956.	
19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	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, public place, etc.) Highway	21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE) near Zigler Illinois	
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) (Min.) Aug 17 1956 5:30 p.m.	21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	21f. HOW DID INJURY OCCUR? 312	
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 10:50 p.m. , from the causes and on the date stated above.			
23a. SIGNATURE James M. Kelly (Print name and title)		23b. ADDRESS 1300 Clark	23c. DATE SIGNED 8-20-56
24a. BURIAL, CREMATION, REMOVAL (Specify) Removal to VA Home	24b. DATE 8-20-1956	24c. NAME OF CEMETERY OR CREMATORY Maple Hill Cemetery	24d. LOCATION (City, town, or county) (State) Sesser, Illinois
DATE REC'D BY LOCAL REG. AUG 20 1956 REG.		25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS J. Carl Smith, M.D. Math Hermann & Son, Inc., 2161 E. Fair Ave	

(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 _____

.....
working under my personal supervision.

Student
Student Embalmer

Signed Glen W. Nally
Student Embalmer No. _____

Licensed Embalmer No. 3737

P. O. Address St. Louis Mo.

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.