

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

FILED OCT 25 1957

STATE FILE NUMBER

38226

Registration District No. _____

318

Primary Registration District No. _____

1003

Registrar's No. 9673

S. 300
v. 1-57 D

Doctor, coroner, etc. must use only standard nomenclature in item 18. No symptoms will be listed. All diseases in Part I must be causally related.

USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE

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, give TOWNSHIP only) OR TOWN ST. LOUIS, MISSOURI		Inside Limits Yes <input type="checkbox"/> No <input type="checkbox"/>		c. CITY OR TOWN St. Louis	
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION BARNES HOSPITAL		Length of stay in lb		d. STREET ADDRESS (If outside, give location) 3961 Kennerly	
3. NAME OF DECEASED (Type or print) First Middle Last GRACE NMN TAYLOR			4. DATE OF DEATH Month Day Year OCT. 13, 1957		
5. SEX Female	6. COLOR OR RACE Negro	7. MARRIED <input checked="" type="checkbox"/> NEVER MARRIED <input type="checkbox"/> WIDOWED <input type="checkbox"/> DIVORCED <input type="checkbox"/>	8. DATE OF BIRTH March 22, 1893	9. AGE (In years last birthday) 64	IF UNDER 1 YEAR Months 6 Days 21
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Housewife		10b. KIND OF BUSINESS OR INDUSTRY None		11. BIRTHPLACE (City and state or country) Breese, Illinois	
12. CITIZEN OF WHAT COUNTRY? U. S. A.		13a. FATHER'S NAME William Crisen		13b. MOTHER'S MAIDEN NAME Lawinda Hickman	
14. NAME OF HUSBAND OR WIFE Burnise 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. Unknown	
17. INFORMANT Burnis Taylor		Address 3961 Kennerly		18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).) PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) PULMONARY EMBOLISM	
Conditions, if any, which gave rise to above cause (a), stating the underlying cause lost. } DUE TO (b) ARTERIOSCLEROTIC HEART DISEASE AND CONGESTIVE HEART FAILURE		DUE TO (c) _____		INTERVAL BETWEEN ONSET AND DEATH 1 WEEK	
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a) 420.0		19. WAS AUTOPSY PERFORMED? YES <input type="checkbox"/> NO <input type="checkbox"/>			
20a. ACCIDENT <input type="checkbox"/> SUICIDE <input type="checkbox"/> HOMICIDE <input type="checkbox"/>		20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18.)			
20c. TIME OF INJURY Hour Month, Day, Year a.m. p.m.					
20d. INJURY OCCURRED WHILE AT <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		20e. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)		20f. CITY, TOWN, OR LOCATION COUNTY STATE	
21. I attended the deceased from OCT. 8, 1957 to OCT. 13, 1957 and last saw her alive on OCT. 13, 1957 Death occurred at 6:25 P.M. m on the date stated above; and to the best of my knowledge, from the causes stated.					
22a. SIGNATURE <i>C. D. Vermillion, M.D.</i> (Degree or title) M. D.		22b. ADDRESS BARNES HOSPITAL		22c. DATE SIGNED 10-14-57	
23a. BURIAL, CREMATION, REMOVAL (Specify) Removal		23b. DATE 10/20/57		23c. NAME OF CEMETERY OR CREMATORY Lebanon, Illinois	
23d. LOCATION (City, town, or county) (State)		24. FUNERAL DIRECTOR <i>C. B. Spore</i> ADDRESS 1221 N. Grand		25. DATE RECD. BY LOCAL REG. OCT 16 '57	
26. REGISTRAR'S SIGNATURE <i>Carl Smith</i>					

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 *Jarvis C. ...*

Licensed Embalmer No. *1755*

P. O. Address *1221 ...*

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.