

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

42685

FILED DEC 13 1957

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State File No.

11845

BIRTH NO. _____		REG. DIST. NO. _____		PRIMARY REG. DIST. NO. _____		Registrar's No. 11845	
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) St Louis		c. LENGTH OF STAY (In this place) 61 yrs		c. CITY OR TOWN St Louis		d. Is Residence within limits of a city or incorporated town? Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	
d. FULL NAME OF HOSPITAL OR INSTITUTION 3425a Osage				e. STREET ADDRESS (If rural, give location) 21670 3425a Osage			
3. NAME OF DECEASED (Type or Print) a. (First) JAMES b. (Middle) E. c. (Last) TAYLOR			4. DATE OF DEATH (Month) (Day) (Year) Dec 8, 1957				
5. SEX male	6. COLOR OR RACE white	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) married	8. DATE OF BIRTH Aug 11, 1896		9. AGE (In years last birthday) 61	IF UNDER 1 YEAR Months _____ Days _____	IF UNDER 24 HRS. Hours _____ Min. _____
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Salesman			10b. KIND OF BUSINESS OR INDUSTRY Adveftising Spec.		11. BIRTHPLACE (City and State or Foreign Country) St Louis, Missouri		12. CITIZEN OF WHAT COUNTRY? USA
13a. FATHER'S NAME George E Taylor			13b. MOTHER'S MAIDEN NAME Crosdella Jones		14. NAME OF HUSBAND OR WIFE Lorraine Calvin Taylor		
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) YES WW#1			16. SOCIAL SECURITY NO. 495-16-0726		17. INFORMANT'S SIGNATURE OR NAME V Lorraine G Taylor ADDRESS St. Louis Mo		
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 the colon 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. none					INTERVAL BETWEEN ONSET AND DEATH 1 1/2 yrs
19a. DATE OF OPERATION June 1956		19b. MAJOR FINDINGS OF OPERATION as above & liver metastases.					20. AUTOPSY? 2 YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>
21a. ACCIDENT SUICIDE HOMICIDE (Specify) No		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? _____			
22. I hereby certify that I attended the deceased from 6/10 , 19 56 , to 12-7 , 19 57 that I last saw the deceased alive on 12-7 , 19 57 , and that death occurred at 5:30 p.m. , from the causes and on the date stated above.							
23a. SIGNATURE John J. Hammond Jr (Degree or title) _____				23b. ADDRESS 634 N. Grand		23c. DATE SIGNED 12/8/57	
24a. BURIAL CREMATION, REMOVAL (Specify) Burial		24b. DATE 12-11-57	24c. NAME OF CEMETERY OR CREMATORY Ressurrection		24d. LOCATION (City, town, or county) (State) St. Louis, Missouri		
DATE REC'D BY LOCAL REG. DEC 10 57		REGISTRAR'S SIGNATURE Carl Smith		FUNERAL DIRECTOR'S SIGNATURE W.D. Dombrowski ADDRESS 3819 So Grand 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 *George J. Angbermelle*

Licensed Embalmer No. *4611*

P. O. Address *Ham 18*

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.