

AMENDED FILED AUG 3 1961

|   |  |  |   |  |  |
|---|--|--|---|--|--|
| 1. PLACE OF DEATH<br>a. COUNTY  |  |  | 2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)<br>a. STATE <b>Missouri</b> b. COUNTY |  |  |
| b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN <b>Saint Louis</b>  |  | Length of stay in 1b   | c. CITY OR TOWN <b>Saint Louis</b>  |  | Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>  |
| c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION <b>5203 a Cates Avenue</b>  |  | Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>  | d. STREET ADDRESS (If outside, give location) <b>5203 a Cates Avenue</b>  |  | Reside on Farm Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> |
| 3. NAME OF DECEASED (Type or print) First <b>Katie</b> Middle Last <b>Taylor</b>  |  |  | 4. DATE OF DEATH Month <b>July</b> Day <b>22</b> Year <b>1961</b>   |  |  |
| 5. SEX <b>Female</b>  | 6. COLOR OR RACE <b>Negro</b>  | 7. Married <input type="checkbox"/> Never Married <input type="checkbox"/> Widowed <input checked="" type="checkbox"/> Divorced <input type="checkbox"/> | 8. DATE OF BIRTH <b>5-1-1877</b>  | 9. AGE (last birthday) <b>84</b>   | IF UNDER 1 YEAR IF UNDER 24 HR Months Days Hours Min.                              |
| 10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <b>Housewife</b>  |  | 10b. KIND OF BUSINESS OR INDUSTRY  | 11. BIRTHPLACE (City and state or country) <b>Corinth, Mississippi U. S. A.</b>   | 12. CITIZEN OF WHAT COUNTRY  |  |
| 13a. FATHER'S NAME <b>Anderson Taylor</b>   |  | 13b. MOTHER'S MAIDEN NAME <b>Mary Anderson</b>   |   | 14. NAME OF HUSBAND OR WIFE  |  |
| 15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <b>No</b>  |  | 16. SOCIAL SECURITY NO. <b>NONE</b>  | 17. INFORMANT Address <b>Mrs. Mary Williams 5203 a Cates</b>  |  |  |
| 18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c). PART I. DEATH WAS CAUSED BY:<br>IMMEDIATE CAUSE (a) <b>Arteriosclerotic Heart disease</b><br>DUE TO (b) <b>Chronic Arthritis</b><br>DUE TO (c) <b>Diabetes Mellitus</b><br>PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a) <b>260X</b> |  |  |   |  | INTERVAL BETWEEN ONSET AND DEATH   |
| 19. WAS AUTOPSY PERFORMED? YES <input type="checkbox"/> NO <input checked="" 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 a.m. p.m.  | Month, Day, Year   |  |   |  |  |
| 20d. INJURY OCCURRED WHILE AT WORK <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 <b>May 1960</b> to <b>July 22</b> and last saw her alive on <b>July 21-1961</b><br>Death occurred at <b>5:30 a.m.</b> on the date stated above, and to the best of my knowledge, from the causes stated.   |  |  |   |  |  |
| 22a. SIGNATURE <b>S E Moore M.D.</b> (Degree or title)  |  |  | 22b. ADDRESS <b>2330 E. Franklin</b>  |  | 22c. DATE SIGNED <b>7-24-61</b>  |
| 23a. BURIAL, CREMATION, REMOVAL (Specify) <b>Shipped</b>  | 23b. DATE <b>7-26-61</b>   | 23c. NAME OF CEMETERY OR CREMATORY <b>Shipped</b>  | 23d. LOCATION (City, town, or county) <b>Corinth, Mississippi</b>   | (State)  |  |
| 24. FUNERAL DIRECTOR <b>Metropolitan Funeral System, Inc.</b> ADDRESS <b>3010 Enright</b>   |  | 25. DATE RECD. BY LOCAL REG. <b>JUL 25 1961</b>  | 26. REGISTRAR'S SIGNATURE <b>Loan Smith, M.D.</b>   |  |  |

AMENDMENTS ON THIS RECORD ARE AS FOLLOWS

DATE AMENDED

INSTEAD OF

SHOULD READ

DOCUMENT

MEDICAL CERTIFICATION

BY AFFIDAVIT OF

ITEM NO.

**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 John R. Cunningham

Licensed Embalmer No. 4476

P. O. Address 2405 Marcus Ave.

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.