

MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

=61-047834

STATE FILE NUMBER

Registration District No. 318 Primary Registration District No. 1003 Registrar's No. 1370

FILED FEB 7 1962

1. PLACE OF DEATH a. COUNTY		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE <u>MO.</u> b. COUNTY <u>St. Louis</u>	
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN <u>St. Louis MO</u>		c. CITY OR TOWN <u>St. Louis</u>	
Length of stay in lb		Inside Limits Yes <input type="checkbox"/> No <input type="checkbox"/>	
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION <u>1014 No. 7th St</u>		d. STREET ADDRESS (If outside, give location) <u>WLR</u>	
Inside Limits Yes <input type="checkbox"/> No <input type="checkbox"/>		Reside on Farm Yes <input type="checkbox"/> No <input type="checkbox"/>	

3. NAME OF DECEASED (Type or print) First Middle Last <u>JAMES H. TAYLOR</u>			4. DATE OF DEATH Month <u>12</u> Day <u>9</u> Year <u>61</u>		
5. SEX <u>Male</u>	6. COLOR OR RACE <u>Afro</u>	7. Married <input type="checkbox"/> Never Married <input checked="" type="checkbox"/> Widowed <input type="checkbox"/> Divorced <input type="checkbox"/>	8. DATE OF BIRTH <u>54</u>	9. AGE (Last birthday) <u>54</u>	IF UNDER 1 YEAR Months <u>0</u> Days <u>0</u>
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Actor on</u>		10b. KIND OF BUSINESS OR INDUSTRY <u>None</u>		11. BIRTHPLACE (City and state or country) <u>Mo. - U.S.</u>	12. CITIZENSHIP OF WHAT COUNTRY <u>U.S.</u>
13a. FATHER'S NAME <u>WLR</u>		13b. MOTHER'S MATHEN NAME <u>WLR</u>		14. NAME OF HUSBAND OR WIFE <u>WLR</u>	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give year or dates of service) <u>WLR</u>		16. SOCIAL SECURITY NO. <u>WLR</u>		17. INFORMANT <u>Helen L. Taylor</u> Address <u>1300 Clark Ave</u>	

18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).)

PART I. DEATH WAS CAUSED BY:

IMMEDIATE CAUSE (a) _____

Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. _____

DUE TO (b) Cirrhosis of the liver

DUE TO (c) Arteriosclerosis

INTERVAL BETWEEN ONSET AND DEATH _____

PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a) 581.0 W.M.A.

PART III. If deceased was female was there a pregnancy in last 90 days.
 Yes No Unknown

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.)
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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 checked="" 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
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21. I attended the deceased, from _____ to _____ and last saw her/him alive on _____
Death occurred at _____ on the date stated above, and to the best of my knowledge, from the causes stated.

22a. SIGNATURE (Degree or title) <u>Helen L. Taylor, Coroner</u>	22b. ADDRESS <u>1300 Clark Ave.</u>	22c. DATE SIGNED <u>1-17-62</u>
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23a. BURIAL, CREMATION, REMOVAL (Specify) <u>Rowland-Aker Mortuary Service</u>	23b. DATE <u>JAN 31 1962</u>	23c. NAME OF CEMETERY OR CREMATORY <u>Anatomical Board</u>	23d. LOCATION (City, town, or county) (State) <u>St. Louis, Mo.</u>
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24. FUNERAL DIRECTOR'S ADDRESS <u>1104 Manchester Ave. St. Louis 10, Mo</u>	25. DATE RECD. BY LOCAL REG. <u>JAN 31 1962</u>	26. REGISTRAR'S SIGNATURE <u>Paul Smith M.D.</u>
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ITEM NO. SHOULD READ BY AFFIDAVIT OF DOCUMENT INSTEAD OF RATE AMENDED

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 _____

Licensed Embalmer No. _____

P. O. Address _____

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.