

# MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

DEPARTMENT OF PUBLIC HEALTH AND WELFARE

318

Primary Registration District No.

1003

Registrar's No.

2273

62-007824  
STATE FILE NUMBER

AMENDED

Registration District No.

**FILED MAR 7 1962**

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** Length of stay in 1b **y** years

c. CITY OR TOWN **St. Louis** Inside Limits Yes  No

c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSITUATION **City Hospital Morgue** Inside Limits Yes  No

d. STREET ADDRESS (If outside, give location) **519 1/2 Gratiot Street** Reside on Farm Yes  No

3. NAME OF DECEASED (Type or print) First **ALICE** Middle **MAUD** Last **Taylor BROEMSER**

4. DATE OF DEATH Month **February** Day **15** Year **1962**

5. SEX **Female**

6. COLOR OR RACE **White**

7. Married  Never Married  Widowed  Divorced  **Unknown**

8. DATE OF BIRTH **7-20-1892**

9. AGE (last birthday) **69**

IF UNDER 1 YEAR Months Days IF UNDER 24 HR Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)

10b. KIND OF BUSINESS OR INDUSTRY

11. BIRTHPLACE (City and state or country) **Illinois**

12. CITIZEN OF WHAT COUNTRY **U.S.A.**

13a. FATHER'S NAME **Frank Taylor**

13b. MOTHER'S MAIDEN NAME **Emma Golding**

14. NAME OF HUSBAND OR WIFE

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, No or unknown) **NO** (If yes, give war or dates of service)

16. SOCIAL SECURITY NO. 17. INFORMANT Address **Ida Taylor, Chicago, Illinois**

18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c). PART I. DEATH WAS CAUSED BY:  
IMMEDIATE CAUSE (a) **Congestive heart Failure;**  
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. DUE TO (b) **Generalized Arterio Sclerosis.**  
DUE TO (c) **450'0**

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)

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

19. WAS AUTOPSY PERFORMED? YES  NO

20a. ACCIDENT  SUICIDE  HOMICIDE  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  NOT WHILE AT WORK

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 \_\_\_\_\_ to \_\_\_\_\_ and last saw her/him alive on \_\_\_\_\_. Death occurred at **12:30 A** m on the date stated above, and to the best of my knowledge, from the causes stated.

22a. SIGNATURE (Degree or title) **Helen L. Taylor Coroner**

22b. ADDRESS **1300 Clark Ave.**

22c. DATE SIGNED **2-26-62**

23a. BURIAL, CREMATION, REMOVAL (Specify) **Cremation** 23b. DATE **Feb. 26, 1962**

23c. NAME OF CEMETERY OR CREMATORY **Valhalla Crematory**

23d. LOCATION (City, town, or county) (State) **St. Louis Co., Missouri**

24. FUNERAL DIRECTOR ADDRESS **Morrell - 3710 No. Grand Bl.**

25. DATE RECD. BY LOCAL REG. **FEB 26 1962**

26. REGISTRAR'S SIGNATURE **Earl Smith, M.D.**

AMENDMENTS ON THIS RECORD ARE AS FOLLOWS  
DATE AMENDED  
INSTEAD OF  
DOCUMENT  
MEDICAL CERTIFICATION  
BY AFFIDAVIT OF  
ITEM NO. SHOULD READ

*Embalming*

**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 *No* \_\_\_\_\_, Student Embalmer No. \_\_\_\_\_  
working under my personal supervision.

Student \_\_\_\_\_  
Signature of Student Embalmer

Signed *Loren E. Percy*  
Licensed Embalmer No. *4094*

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 embalmed by a STUDENT, he also shall sign in his OWN handwriting.  
If this body is not embalmed, fact should be so stated above.