

MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

62-008037

318

1003

2270

STATE FILE NUMBER

Registration District No. Primary Registration District No. Registrar's No.

AMENDED

FILED MAR 7 1962

1. PLACE OF DEATH a. COUNTY <u>St. Louis MO</u>		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) <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>W.C. C. Hospital</u>		d. STREET ADDRESS <u>712 Market St</u>	
3. NAME OF DECEASED (Type or print) First <u>Charlotte</u> Middle <u>B</u> Last <u>Hisher</u>		4. DATE OF DEATH Month <u>1</u> Day <u>5</u> Year <u>62</u>	
5. SEX <u>Female</u>	6. COLOR OR RACE <u>White</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>61</u>
9. AGE (last birthday) <u>61</u>	IF UNDER 1 YEAR Months <u>0</u> Days <u>0</u>	IF UNDER 2 HR Hours <u>0</u> Min. <u>0</u>	10. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>None</u>
10b. KIND OF BUSINESS OR INDUSTRY <u>None</u>	11. BIRTHPLACE (City and state or country) <u>MO.</u>	12. CITIZEN OF WHAT COUNTRY <u>U.S. &</u>	
13a. FATHER'S NAME <u>Walter</u>	13b. MOTHER'S MAIDEN NAME <u>W.B.</u>	14. NAME OF HUSBAND OR WIFE <u>Helen W. Taylor</u>	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, do or unknown) (If yes, give year of dates of service) <u>NO</u>	16. SOCIAL SECURITY NO. <u>W.B.</u>	17. INFORMANT <u>Helen W. Taylor</u> Address <u>1300 Clark</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) Cerebral Hemorrhage

DUE TO (c) Arterio Sclerosis

PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a) 331x

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 1300 Clark Ave on the date stated above, and to the best of my knowledge, from the causes stated.

22a. SIGNATURE Helen W. Taylor, Coroner (Degree or title)

22b. ADDRESS 1300 Clark Ave

22c. DATE SIGNED 2-26-62

23a. BURIAL, CREMATION, REMOVAL (Specify) BURIAL

23b. DATE 2-28-62

23c. NAME OF CEMETERY OR CREMATORY St. Matthews Cemetery

23d. LOCATION (City, town, or county) (State) St. Louis, Mo.

24. FUNERAL DIRECTOR Albert H. Hoppe, Inc. ADDRESS 4700 Washington

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

26. REGISTRAR'S SIGNATURE Leon Smith, M.D.

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

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.

NOT EMBALMED

BURIED BY CITY

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.