

FILED FEB 2 1949

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

State File No. **33359**  
**333**

BIRTH NO. \_\_\_\_\_ REG. DIST. NO. **318** PRIMARY REG. DIST. NO. **1002** Registrar's No. \_\_\_\_\_

1. PLACE OF DEATH a. COUNTY		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)	
b. CITY (If outside corporate limits, write RURAL and give town) <b>St Louis</b>		a. STATE <b>Missouri</b> b. COUNTY <b>St Francis</b>	
c. LENGTH OF STAY (In this place)		c. CITY (If outside corporate limits, write RURAL and give township) <b>94 Farmington</b>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <b>Mo Pacific Hospital</b>		d. STREET ADDRESS (If rural, give location) <b>1</b>	
3. NAME OF DECEASED (Type or Print)			4. DATE OF DEATH (Month) (Day) (Year)
a. (First) <b>ROBERT</b> b. (Middle) <b>LEE</b> c. (Last) <b>TAYLOR</b>			<b>1-13-49</b>
5. SEX <b>M</b>	6. COLOR OR RACE <b>W</b>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <b>Wid</b>	8. DATE OF BIRTH <b>2-5-1863</b>
9. AGE (In years last birthday) <b>85-11-8</b>		10. USUAL OCCUPATION (Give kind of work done during part of working life, even if retired) <b>Engineer</b>	11. BIRTHPLACE (State or foreign country) <b>St Louis</b>
10a. USUAL OCCUPATION		10b. KIND OF BUSINESS OR INDUSTRY <b>Railroad</b>	12. CITIZEN OF WHAT COUNTRY? <b>USA</b>
13a. FATHER'S NAME <b>Robert Taylor</b>		13b. MOTHER'S MAIDEN NAME <b>Rebecca Mitchell</b>	14. NAME OF HUSBAND OR WIFE <b>Annie</b>
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service)		16. SOCIAL SECURITY NO.	17. INFORMANT'S SIGNATURE OR NAME <b>Robert Taylor</b> ADDRESS <b>Farminington Mo</b>
18. CAUSE OF DEATH Enter only one on separate 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) <b>Carcinoma of Rectum</b> INTERVAL BETWEEN ONSET AND DEATH  ANTECEDENT CAUSES DUE TO (b) <b>15 ft hb</b> DUE TO (c) II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. <b>Uremia &amp; arteriosclerosis</b>	
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION	
20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>			
21a. ACCIDENT SUICIDE HOMICIDE (Specify)		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 (Month) (Day) (Year) (Hour) OF INJURY		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 <b>1-5</b> , 19 <b>49</b> to <b>1-13</b> , 19 <b>49</b> that I last saw the deceased alive on <b>1-13</b> , 19 <b>49</b> , and that death occurred at <b>1:30 p. m.</b> , from the causes and on the date stated above.			
23a. SIGNATURE (Degree or title) <b>Harvard G. Davidson, M.D.</b>		23b. ADDRESS <b>St. Louis, Mo. Mo. Pac. Hosp</b>	
23c. DATE SIGNED <b>1-13-49</b>			
24a. BURIAL, CREMATION, REMOVAL (Specify) <b>BURIAL</b>		24b. DATE <b>1-16-1949</b>	
24c. NAME OF CEMETERY OR CREMATORY <b>Kof P Cemetery</b>		24d. LOCATION (City, town, or county) (State) <b>Farminington, Mo</b>	
25. FUNERAL DIRECTOR'S SIGNATURE <b>J. B. Lassiter</b> ADDRESS <b>Bowland Mortuary Svc 4104 Manchester</b>		DATE REC'D BY LOCAL REG. <b>FEB 19 1949</b>	

WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

JUN 14 1949

APR 7 1949

**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 .....  
Student Embalmer

Signed \_\_\_\_\_

*J. Allen Ravis*  
Licensed Embalmer No. 4053

P. O. Address St. Louis

**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 this body is not embalmed, fact should be so stated above.