

FILED AUG 13 1949

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

25338

State File No.

BIRTH NO. _____ REG. DIST. NO. 318 PRIMARY REG. DIST. NO. 1003 Registrar's No. 6848

1. PLACE OF DEATH a. COUNTY			2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>Missouri</u> h. COUNTY		
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>St. Louis</u>		c. LENGTH OF STAY (in this place) <u>3 yrs.</u>	c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>St. Louis, MO. 12</u>		
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>2323 Eugenia</u>			- STREET ADDRESS (If rural, give location) <u>2323 Eugenia</u>		
3. NAME OF DECEASED (Type or Print) a. (First) <u>Collie</u>		b. (Middle)	c. (Last) <u>Taylor</u>		4. DATE OF DEATH (Month) (Day) (Year) <u>8 2 - 49</u>
5. SEX <u>F</u>	6. COLOR OR RACE <u>Negr</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Divorced</u>	8. DATE OF BIRTH <u>Jan. 11 - 1894</u>	9. AGE (In years last birthday) <u>55</u> IF UNDER 1 YEAR Months Days IF UNDER 1 HR. Hours Min.	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Housewife</u>		10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country) <u>Osceola Ark.</u>		12. CITIZEN OF WHAT COUNTRY?
13a. FATHER'S NAME <u>James Taylor</u>		13b. MOTHER'S MAIDEN NAME <u>Nancy White</u>	14. NAME OF HUSBAND OR WIFE <u>Arthur Fields</u>		
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown) <u>No</u> (If yes, give war or dates of service)		16. SOCIAL SECURITY NO. <u>-</u>	17. INFORMANT'S SIGNATURE OR NAME ADDRESS. <u>Eddie Williams 1339 N. Euclid</u>		

18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c) *This does not mean the mode of dying, such as heart failure, asphyxia, etc. It means the disease, injury, or complication which caused death.	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Cerebral Hemorrhage</u>		INTERVAL BETWEEN ONSET AND DEATH <u>Apr 15 - 1949</u> <u>July 20 49</u>
	ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <u>Hypertension</u>		
	DUE TO (c)		
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.			

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) <u>1021</u>
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.	21e. INJURY OCCURRED WHILE AT WORK: <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	21f. HOW DID INJURY OCCUR? <u>331X</u>

22. I hereby certify that I attended the deceased from Apr 15 1949, to Aug 22 1949, that I last saw the deceased alive on July 30 1949, and that death occurred at 10:30 pm., from the causes and on the date stated above.

23a. SIGNATURE (Degree or title) <u>J. B. Laster M.D.</u>		23b. ADDRESS <u>3024 Johnson</u>	23c. DATE SIGNED <u>Aug. 5 - 49</u>
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Removal</u>	24b. DATE <u>8/7/49</u>	24c. NAME OF CEMETERY OR CREMATORY <u>Osceola Cem.</u>	24d. LOCATION (City, town, or county) (State) <u>Osceola Ark.</u>
DATE REC'D BY LOCAL HEALTH DEPT. <u>AUG 6 1949</u>		REGISTRAR'S SIGNATURE <u>J. B. Laster</u>	25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS <u>A. L. Berlind, C. 2726 Hwy</u>

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

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

Frederic J. Yandell

Licensed Embalmer No. 4543

P. O. Address 14 Myrtle

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.