

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

RECD OCT 13 1949

32248  
8476

State File No. ....

318

1003

Registrar's No. ....

BIRTH NO. _____		REG. DIST. NO. _____		PRIMARY REG. DIST. NO. _____		State File No. ....			
1. PLACE OF DEATH a. COUNTY * ****				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE Mo. b. COUNTY St. Louis					
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN St. Louis Mo.		c. LENGTH OF STAY (In this place) 50ys		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Kirkwood		4			
d. FULL NAME OF HOSPITAL OR INSTITUTION Bethesda Hosp.				d. STREET ADDRESS (If rural, give location) Kirkwood - 1001 Big Bend Rd.					
3. NAME OF DECEASED (Type or Print) a. (First) Agnes		b. (Middle) Amelia		c. (Last) Taussig		4. DATE OF DEATH (Month) (Day) (Year) Sept. 30, 1949			
5. SEX F		6. COLOR OR RACE W		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Never Married		8. DATE OF BIRTH # 3/22/1865			
9. AGE (In years last birthday) 84		IF UNDER 1 YEAR: Months		IF UNDER 1 YEAR: Days		IF UNDER 24 HRS. Hours Min.			
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) At home			10b. KIND OF BUSINESS OR INDUSTRY none		11. BIRTHPLACE (State or foreign country) St. Louis Mo.		12. CITIZEN OF WHAT COUNTRY? USA		
13a. FATHER'S NAME Moritz Taussig			13b. MOTHER'S MAIDEN NAME Jane Taussig			14. NAME OF HUSBAND OR WIFE *****			
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) No		16. SOCIAL SECURITY NO. none		17. INFORMANT'S SIGNATURE OR NAME ADDRESS Clifford Taussig 7375 Marietta Maplewood					
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, asthma, etc. It means the disease, injury, or complication which caused death.				MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Coronary Thrombosis ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) Hypertensive Cardio DUE TO (c) renal disease II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.				INTERVAL BETWEEN ONSET AND DEATH 3 da	
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) 131 a					
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? H42X					
22. I hereby certify that I attended the deceased from July 14, 1949, to Sept 30, 1949, that I last saw the deceased alive on Sept 30, 1949, and that death occurred at 5 P. M., from the causes and on the date stated above.									
23a. SIGNATURE (Degree or title) O'Shaughnessy M.D.				23b. ADDRESS Webster Groves Mo. 10-1-49		23c. DATE SIGNED			
24a. BURIAL, CREMATION, REMOVAL (Specify) Burial		24b. DATE Oct 3, 1949		24c. NAME OF CEMETERY OR CREMATORY Bellefontaine Cem		24d. LOCATION (City, town, or county) (State) St. Louis Mo.			
DATE REC'D BY LOCAL REGISTRY 08 3 1949		REGISTRAR'S SIGNATURE J. B. Lasater			25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS Alexander & Sons - 6175 Delmar Blvd				

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

100  
11/11/30

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 Geo. E. McCulloch  
Licensed Embalmer No. 2460  
P. O. Address 617 1/2 Pelman

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.