

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

FILED NOV 10 1949

State File No. **35640**
Registrar's No. **9401**

BIRTH NO. _____		REG. DIST. NO. 318		PRIMARY REG. DIST. NO. 1003		State File No. 35640		Registrar's No. 9401																	
1. PLACE OF DEATH a. COUNTY _____				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE _____ b. COUNTY _____																					
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN St. Louis			c. LENGTH OF STAY (in this place) _____			c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN St. Louis			d. STREET ADDRESS (If rural, give location) 21 800 N. Jefferson Ave																
d. FULL NAME OF HOSPITAL OR INSTITUTION Homer G. Phillips				d. STREET ADDRESS (If rural, give location) 21 800 N. Jefferson Ave																					
3. NAME OF DECEASED (Type or Print) a. (First) Fred			b. (Middle) Lee			c. (Last) Taylor			4. DATE OF DEATH (Month) (Day) (Year) Oct 29 1949																
5. SEX M		6. COLOR OR RACE col		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) sep		8. DATE OF BIRTH July 14, 1877		9. AGE (In years, birthday) 30		10. UNDER 1 YEAR Months _____ Days _____		11. UNDER 24 Hrs. Hours _____ Min. _____													
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Labor				10b. KIND OF BUSINESS OR INDUSTRY -				11. BIRTHPLACE (State or foreign country) Miss				12. CITIZEN OF WHAT COUNTRY? -													
13a. FATHER'S NAME Joe Taylor				13b. MOTHER'S MAIDEN NAME Alberta Hewette				14. NAME OF HUSBAND OR WIFE Lilly Mae Bell Taylor																	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown)				16. SOCIAL SECURITY NO. -				17. INFORMANT'S SIGNATURE OR NAME Alberta Hewette				ADDRESS 705 N. Beaumont													
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												INTERVAL BETWEEN ONSET AND DEATH	
I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) _____												ANTECEDENT CAUSES _____													
Morbidity conditions, if any, giving rise to the above cause (a) stating the underlying cause last.												DUE TO (b) Tubercular Pneumonia													
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 checked="" type="checkbox"/> NO <input 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 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? 02X																	
22. I hereby certify that I attended the deceased from _____, 19____, to _____, 19____, that I last saw the deceased alive on _____, 19____, and that death occurred at _____ m., from the causes and on the date stated above.																									
23a. SIGNATURE Joseph W. Quinn								23b. ADDRESS 1300 Clark				23c. DATE SIGNED 11/1/49													
24a. BURIAL, CREMATION, REMOVAL (Specify)				24b. DATE Nov 3/49				24c. NAME OF CEMETERY OR CREMATORY Warrington Park				24d. LOCATION (City, town, or county) (State) St Louis MO													
DATE REC'D BY LOCAL REG. NOV 1 1949				REGISTRAR'S SIGNATURE J. B. Sasser				25. FUNERAL DIRECTOR'S SIGNATURE J. A. Allen				ADDRESS 4214 Delmar													

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

1949
34

1915

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

F. A. Gillen

Licensed Embalmer No. *2963*

P. O. Address *4214 Delmar*

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.