

FILED FEB 25 1950

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

7053

State File No.

BIRTH NO. _____ REG. DIST. NO. 317 PRIMARY REG. DIST. NO. 2002 Registrar's No. 459

1. PLACE OF DEATH a. COUNTY <u>St. Louis,</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>Missouri.</u> b. COUNTY <u>St. Louis,</u>	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>University City 5,</u>		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>University City 5,</u>	
c. LENGTH OF STAY (in this place) <u>years</u>		d. STREET ADDRESS (If rural, give location) <u>7453 Gannon Avenue.</u>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>7453 Gannon Avenue,</u>			

3. NAME OF DECEASED (Type or Print) a. (First) <u>LELA</u>	b. (Middle) <u>DRAKE</u>	c. (Last) <u>TAYLOR.</u>	4. DATE OF DEATH (Month) (Day) (Year) <u>Feb'y 20, 1950.</u>
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5. SEX <u>Female.</u>	6. COLOR OR RACE <u>White.</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Widowed.</u>	8. DATE OF BIRTH <u>July 16, 1873.</u>	9. AGE (In years last birthday) <u>76.</u>	IF UNDER 1 YEAR Month Days	IF UNDER 24 HRS. Hours Min.
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10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>At Home..</u>	10b. KIND OF BUSINESS OR INDUSTRY <u>.....</u>	11. BIRTHPLACE (State or foreign country) <u>Sweet Springs, Missouri.</u>	12. CITIZEN OF WHAT COUNTRY? <u>U.S.A.</u>
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13a. FATHER'S NAME <u>Charles J. Drake.</u>	13b. MOTHER'S MAIDEN NAME <u>Fannie Banks.</u>	14. NAME OF HUSBAND OR WIFE <u>Walter Taylor.</u>
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15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <u>no.</u>	16. SOCIAL SECURITY NO. <u>none.</u>	17. INFORMANT'S SIGNATURE OR NAME ADDRESS <u>Miss Francis Taylor, 7453 Gannon Ave.,</u>
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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.	MEDICAL CERTIFICATION		INTERVAL BETWEEN ONSET AND DEATH <u>2-20-50</u>
	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Cerebral embolus</u>		
	ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <u>Hypertension, myocarditis & arteriosclerosis.</u> DUE TO (c) _____		6 x 11 knowledge single <u>1-17-50</u>
	II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.		

19a. DATE OF OPERATION <u>✓</u>	19b. MAJOR FINDINGS OF OPERATION <u>✓</u>	20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>
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21a. ACCIDENT SUICIDE HOMICIDE (Specify) <u>✓</u>	21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) <u>✓</u>	21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE) <u>443X</u>
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21d. TIME OF INJURY (Month) (Day) (Year) (Hour) <u>✓</u>	21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	21f. HOW DID INJURY OCCUR? <u>✓</u>
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22. I hereby certify that I attended the deceased from 1-17, 1950, to 2-20, 1950, that I last saw the deceased alive on 2-20, 1950, and that death occurred at 5:15 P.m., from the causes and on the date stated above.

23a. SIGNATURE <u>Paul A. Gorman M.D.</u> (Degree or title)	23b. ADDRESS <u>3907 Olive</u>	23c. DATE SIGNED <u>2-21-50</u>
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24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Cremation, ✓</u>	24b. DATE <u>2/22/50.</u>	24c. NAME OF CEMETERY OR CREMATORY <u>Oak Grove Crematory.</u>	24d. LOCATION (City, town, or county) (State) <u>7800 St. Charles Rock Road.</u>
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DATE REC'D BY LOCAL REG. <u>FEB 21 1950</u>	REGISTRAR'S SIGNATURE <u>Hubert R. Blomke, M.D.</u>	25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS <u>E. R. Linton & Sons, 7233 Delmar Bldg.,</u>
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WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

4006

MAR 17 1950

NOV 6 1937

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

Clarence A. Murray

Licensed Embalmer No. *4011*

P. O. Address *St. Louis, Mo.*

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.