

FILED APR 4 1950

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

State File No. 11370

BIRTH NO. 5845-50 REG. DIST. NO. 317 PRIMARY REG. DIST. NO. 3066 Registrar's No. 830

1. PLACE OF DEATH a. COUNTY <b>ST LOUIS</b>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <b>MO</b> b. COUNTY <b>ST LOUIS</b>	
b. CITY (If outside corporate limits, write RURAL and give township) <b>KIRKWOOD</b>		c. LENGTH OF STAY (in this place) <b>2 1/2 mo</b>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <b>1423 S KIRKWOOD RD</b>		c. CITY (If outside corporate limits, write RURAL and give township) <b>67 OR TOWN KIRKWOOD</b>	
		d. STREET ADDRESS (If rural, give location) <b>1423 S KIRKWOOD RD</b>	
3. NAME OF DECEASED (Type or Print)		4. DATE OF DEATH	
a. (First) <b>DUAIN</b>	b. (Middle) <b>ROBERT</b>	c. (Last) <b>TAYLOR</b>	(Month) (Day) (Year) <b>MCH 31 1950</b>
5. SEX <b>M</b>	6. COLOR OR RACE <b>W</b>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <b>SINGLE</b>	8. DATE OF BIRTH <b>JAN 15-1950</b>
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)		9. AGE (In years last birthday) <b>2 1/2</b>	
10b. KIND OF BUSINESS OR INDUSTRY		11. BIRTHPLACE (State or foreign country) <b>ST LOUIS CO. MO</b>	
13a. FATHER'S NAME <b>BINUM A TAYLOR</b>		12. CITIZEN OF WHAT COUNTRY? <b>USA</b>	
13b. MOTHER'S MAIDEN NAME <b>EUGENIA McKELVEY</b>		14. NAME OF HUSBAND OR WIFE	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown)		16. SOCIAL SECURITY NO.	
		17. INFORMANT'S SIGNATURE OR NAME <b>Binum A Taylor</b>	
		ADDRESS	
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 I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <b>Septicemia, Nines, fulminating</b>	
		INTERVAL BETWEEN ONSET AND DEATH <b>2 hrs.</b>	
		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	
		<b>0534</b>	
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 OF INJURY (Month) (Day) (Year) (Hour)		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>3-29</b> , 1950, to <b>3-31</b> , 1950, that I last saw the deceased alive on <b>3-31</b> , 1950, and that death occurred at <b>8:00 a. m.</b> , from the causes and on the date stated above.			
23a. SIGNATURE <b>A. A. Barnett M.D.</b> (Degree or title)		23b. ADDRESS <b>243 W. Jefferson / Kirkwood</b>	
		23c. DATE SIGNED <b>3-31-50</b>	
24a. BURIAL, CREMATION, REMOVAL (Specify) <b>BURIAL</b>		24b. DATE <b>4-1-1950</b>	
24c. NAME OF CEMETERY OR CREMATORY <b>OAK HILL CEMETERY</b>		24d. LOCATION (City, town, or county) (State) <b>KIRKWOOD MO</b>	
DATE REC'D BY LOCAL REG. <b>3-31-50</b>		REGISTRAR'S SIGNATURE <b>Herbert R. ...</b>	
		FUNERAL DIRECTOR'S SIGNATURE <b>Walter ...</b> ADDRESS <b>...</b>	
(Licensed Embalmer's Statement on Reverse Side)			

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 *Leslie Welch*

Licensed Embalmer No. *4395*

P. O. Address *Whiter Groves Md*

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.