

FILED APR 21 1950

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 15060
3325
Registrar's No.

BIRTH NO. _____		REG. DIST. NO. 318		PRIMARY REG. DIST. NO. 1003		State File No. 15060		
1. PLACE OF DEATH a. COUNTY ST LOUIS MO				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE MISSOURI 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) 170		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN BRENTWOOD MO		d. STREET ADDRESS (If rural, give location) 8760 Rose 4511		
d. FULL NAME OF HOSPITAL OR INSTITUTION ST MARYS Hospital				d. STREET ADDRESS (If rural, give location) 8760 Rose 4511				
3. NAME OF DECEASED (Type or Print) a. (First) CREAD b. (Middle) E c. (Last) TAYLOR			4. DATE OF DEATH (Month) (Day) (Year) APRIL 8 1950					
5. SEX MALE		6. COLOR OR RACE NEGRO		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) MARRIED		8. DATE OF BIRTH JAN 17 1883		
9. AGE (In years last birthday) 67		10a. USUAL OCCUPATION (Give kind of work done during part of working life, even if retired) BARBER		10b. KIND OF BUSINESS OR INDUSTRY BARBER		11. BIRTHPLACE (State or foreign country) Vicksburg Miss		
12. CITIZEN OF WHAT COUNTRY? U.S.A		13a. FATHER'S NAME ORANGE TAYLOR		13b. MOTHER'S MAIDEN NAME FRANCIS Ellis		14. NAME OF HUSBAND OR WIFE Leta Taylor		
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or date of service) No		16. SOCIAL SECURITY NO. No		17. INFORMANT'S SIGNATURE OR NAME Leta Taylor ADDRESS 8760 Rose				
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) CARCINOMA OF RECTUM ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) Rectum DUE TO (c) _____ II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.					INTERVAL BETWEEN ONSET AND DEATH 9 mos.	
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION Biopsy 5/1/49				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) 154A				
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 6/1 , 19 50 , to 4/8 , 19 50 that I last saw the deceased alive on 2/4/50 , 19 50 and that death occurred at 4:9 m., from the causes and on the date stated above.								
23a. SIGNATURE (Degree or title) Dr. Ronald W. D.			23b. ADDRESS 802 N. Jackson			23c. DATE SIGNED 4/10/50		
24a. BURIAL/CREMATION REMOVAL (Specify)		24b. DATE April 12-1950		24c. NAME OF CEMETERY OR CREMATORY St. Peter's		24d. LOCATION (City, town, or county) (State) ST LOUIS MO		
DATE REC'D BY LOCAL APR 10 1950		REGISTRAR'S SIGNATURE J. Blanton		25. FUNERAL DIRECTOR'S SIGNATURE Frederick Vandell ADDRESS 130 Eldridge Webster				

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 _____

Licensed Embalmer No. _____

P. O. Address _____

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.