

FILED MAY 23 1950

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATHState File No. 18705
1358
Registrar's No.

| | | | | | | | | | |
|---|--|---|---|---|--|---|----------------------|---|--|
| BIRTH NO. _____ | | REG. DIST. NO. 318 | | PRIMARY REG. DIST. 1003 | | Registrar's No. _____ | | | |
| 1. PLACE OF DEATH a. COUNTY _____ | | | | 2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE Missouri | | | | b. COUNTY _____ | |
| b. CITY (If outside corporate limits, write RURAL and give township) St. Louis | | c. LENGTH OF STAY (In this place) 1 month | | c. CITY (If outside corporate limits, write RURAL and give township) St. Louis | | 2129 | | | |
| d. FULL NAME OF HOSPITAL OR INSTITUTION Homer G Phillips Hospital | | | | d. STREET ADDRESS (If rural, give location) 799 Hubert Avenue | | | | | |
| 3. NAME OF DECEASED (Type or Print) Gertrude | | a. (First) | | b. (Middle) Taylor | | c. (Last) | | 4. DATE OF DEATH (Month) (Day) (Year) May 10 1950 | |
| 5. SEX Female | | 6. COLOR OR RACE Negro | | 7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) deceased 3 | | 8. DATE OF BIRTH 12-25-10 | | 9. AGE (In years last birthday) 39 | |
| 10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) House work | | 10b. KIND OF BUSINESS OR INDUSTRY At home | | 11. BIRTHPLACE (State or foreign country) Mississippi | | 12. CITIZEN OF WHAT COUNTRY? U.S.A. | | | |
| 13a. FATHER'S NAME Wyatt Barton | | | 13b. MOTHER'S MAIDEN NAME Linda Foster | | | 14. NAME OF HUSBAND OR WIFE _____ | | | |
| 15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) No | | 16. SOCIAL SECURITY NO. None | | 17. INFORMANT'S SIGNATURE OR NAME I. Paul Hurdley | | ADDRESS 1203 Kansas | | | |
| 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) Aortic Regurgitation with Congestive Failure ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) _____ DUE TO (c) _____ II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. None | | | | | | INTERVAL BETWEEN ONSET AND DEATH Undt/ | |
| 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) _____ | | H211 | | | |
| 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? | | | | | |
| 22. I hereby certify that I attended the deceased from 3-22, 1950, to 5-10, 1950, that I last saw the deceased alive on 5-10, 1950, and that death occurred at 8:30a m., from the causes and on the date stated above. | | | | | | | | | |
| 23a. SIGNATURE James J. Redmond, D.O. | | | | (Degree or title) | | 23b. ADDRESS 2601 N Whittier St. | | 23c. DATE SIGNED 5-15-50 | |
| 24. BURIAL, CREMATION, REMOVAL (Specify) Removal | | 24b. DATE May 15, 1950 | | 24c. NAME OF CEMETERY OR CREMATORY Douglas | | 24d. LOCATION (City, town, or county) (State) E. St. Louis, Ill. | | | |
| DATE REC'D BY LOCAL REG. MAY 15 1950 | | REGISTRAR'S SIGNATURE J. B. Foster | | | 25. FUNERAL DIRECTOR'S SIGNATURE C. J. Neal | | ADDRESS 3847 Page | | |

(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 _____

working under my personal supervision.

Student Embalmer No.

Signed

C. J. Nash

Signed.....
Student Embalmer

Licensed Embalmer No. 2434

P. O. Address 3847 Page Blvd

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.