

FILED JUL 31 1950

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATHState File No. 25333
6888

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).		
b. CITY (If outside corporate limits, write RURAL and give OR TOWN) St. Louis		c. LENGTH OF STAY (in this place)	c. CITY (If outside corporate limits, write RURAL and give township) St. Louis 2219	
d. FULL NAME OF HOSPITAL OR INSTITUTION English United Phyllis		d. STREET ADDRESS (If rural, give location) 906 N. 20th St		
3. NAME OF DECEASED a. (First) Edward		b. (Middle)	c. (Last) Taylor	4. DATE OF DEATH (Month) (Day) (Year) July 22, 1950
5. SEX male	6. COLOR OR RACE Negro	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED, (Specify) married	8. DATE OF BIRTH Sept 13, 1920	9. AGE (15 years last birthday) 29
10a. USUAL OCCUPATION (The kind of work done during most of working life, even if retired) Laborer		10b. KIND OF BUSINESS OR INDUSTRY		11. BIRTHPLACE (State or foreign country) St. Louis, mo
12. CITIZEN OF WHAT COUNTRY? U.S.A.		13a. FATHER'S NAME Benjamin Taylor		
13b. MOTHER'S MAIDEN NAME Viola Chapman		14. NAME OF HUSBAND OR WIFE Collier Taylor		
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give year or date of service) yes W.W.#2		16. SOCIAL SECURITY NO.		17. INFORMANT'S SIGNATURE OR NAME ADDRESS Collier Taylor 906 N 20th
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.		1. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* 1. Subdural hemorrhage, 2. Fracture (a) dislocation of 1st Cervical Vertebra, suffered when struck by automobile driven by one, Orby Joyner (COL.), on 20th Street near Franklin Avenue, about 5:50 P.M., July 22, 1950. DUE TO (b) DUE TO (c) II. OTHER SIGNIFICANT CONDITIONS CRIMINAL CARELESSNESS K. 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) Criminal		21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) Street		21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE) St. Louis mo
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) 7-22-50 7 a.m.		21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input checked="" type="checkbox"/>		21f. HOW DID INJURY OCCUR? See above 7/24
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 7:15 p.m., from the causes and on the date stated above. 22				
23a. SIGNATURE [Signature] Deputy (Degree or title)		23b. ADDRESS 1300 Clair		23c. DATE SIGNED 7/24/50
24a. BURIAL, CREMATION, REMOVAL (Specify) 0		24b. DATE July 26, 1950		24c. NAME OF CEMETERY OR CREMATORY National Cemetery
24d. LOCATION (City, town, or county) (State) Jefferson, Missouri		25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS English Und. Co 2931 Lucas		
DATE REC'D BY LOCAL REG. JUL 24 1950		REGISTRAR'S SIGNATURE J. B. Lasater		

(Licensed Embalmer's Statement of Reverse Side)

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

No. 300
10-48110
3

AUG 26 1958

7-5006

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 Buelson English

Licensed Embalmer No. 4208

P. O. Address 2931 Lucas Ave

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.