

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

FILED JAN 13 1951

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

42912

State File No. 11062  
Registrar's No. 11062

BIRTH NO.		REG. DIST. NO. 318		PRIMARY REG. DIST. NO. 1003		State File No. 11062		Registrar's No. 11062							
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) OR TOWN St. Louis, Mo.			c. LENGTH OF STAY (In this place)			c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN St. Louis			2189						
d. FULL NAME OF HOSPITAL OR INSTITUTION 131 Spruce St.				f. STREET ADDRESS (If rural, give location) 3131 Spruce Street						0-					
3. NAME OF DECEASED (Type or Print) Sam				a. (First)		b. (Middle) Taylor		c. (Last)		4. DATE OF DEATH (Month) Dec (Day) 22 (Year) 1950					
5. SEX Male		6. COLOR OR RACE Col		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Divorced		8. DATE OF BIRTH June 19 1878		9. AGE (In years last birthday) 72		IF UNDER 1 YEAR Days 6		IF UNDER 1 YEAR Hours 0		IF UNDER 1 YEAR Mins.	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)				10b. KIND OF BUSINESS OR INDUSTRY				11. BIRTHPLACE (State or foreign country) BROWNVILLE, TENN.			12. CITIZEN OF WHAT COUNTRY? U. S. A.				
13a. FATHER'S NAME ? TAYLOR				13b. MOTHER'S MAIDEN NAME EMMA ?				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 AND ADDRESS NORENE PRIDE - 597 EXCHANGE ST. MEMPHIS, TENN.									
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) ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) Coronary Occlusion (Sclerosis) 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			
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)		21f. HOW DID INJURY OCCUR? 4501							
21d. TIME OF INJURY (Month) (Day) (Year) (Hour)		21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		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 1205P. m., from the causes and on the date stated above.											
23a. SIGNATURE Samuel E Taylor, Coroner (Degree or title)				23b. ADDRESS 1300 Clark Ave				23c. DATE SIGNED 12-26-50							
24a. BURIAL, CREMATION, REMOVAL (Specify) Burial (1)		24b. DATE 12-26-50		24c. NAME OF CEMETERY OR CREMATORY Oakdale		24d. LOCATION (City, town, or county) (State) St. Louis, Co. Mo									
DATE REC'D BY LOCAL REG. DEC 26 1950		REGISTRAR'S SIGNATURE J. B. Smeaton				25. FUNERAL DIRECTOR'S SIGNATURE AND ADDRESS J. H. Randle & Son 3133 Bell Ave									

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.....

*J. J. Katom*

Signed.....  
Student Embalmer

Licensed Embalmer No. *2698*

P. O. Address *2769th*

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply the above constitutes grounds for revocation of license.)

If this body is not embalmed, fact should be so stated above.