

FILED MAR 7 1951

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

6714

State File No.

REG. DIST. NO. 318

PRIMARY REG. DIST. NO. 1003

Registrar's No. 1959

BIRTH NO.		REG. DIST. NO. 318		PRIMARY REG. DIST. NO. 1003		State File No.		Registrar's No. 1959			
1. PLACE OF DEATH a. COUNTY <u>ST. LOUIS</u>					2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>MISSOURI</u> b. COUNTY <u>St. Louis</u>						
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>St. Louis</u>			c. LENGTH OF STAY (In this place)		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>St. Louis</u>			2-11-9			
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>Homer G. Phillips Hospital</u>					d. STREET ADDRESS (If rural, give location) <u>4644 COTE BRILLIANT</u>						
3. NAME OF DECEASED (Type or Print) a. (First) <u>Mary</u>			b. (Middle) <u>E.</u>		c. (Last) <u>Taylor</u>		4. DATE OF DEATH (Month) (Day) (Year) <u>Feb. 25 1951</u>				
5. SEX <u>FEMALE</u>		6. COLOR OR RACE <u>NEGRO</u>		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>DIVORCED</u>		8. DATE OF BIRTH <u>6-15-94</u>		9. AGE (In years last birthday) <u>56</u>			
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>HOUSE WIFE</u>			10b. KIND OF BUSINESS OR INDUSTRY <u>Sam</u>		11. BIRTHPLACE (State or foreign country) <u>ALAMO TENN.</u>			12. CITIZEN OF WHAT COUNTRY? <u>U.S.A.</u>			
13a. FATHER'S NAME <u>JOHN MORRIS</u>			13b. MOTHER'S MAIDEN NAME <u>UNK.</u>			14. NAME OF HUSBAND OR WIFE <u>ALBERT E. TAYLOR</u>					
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown)		16. SOCIAL SECURITY NO.		17. INFORMANT'S SIGNATURE OR NAME ADDRESS <u>Elizabeth Dorsey 1441 N. 22nd.</u>							
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) <u>Uremia due</u> ANTECEDENT CAUSES <u>Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.</u> DUE TO (b) <u>Polycystic Kidneys</u> DUE TO (c) <u>Undetermined</u> II. OTHER SIGNIFICANT CONDITIONS <u>Conditions contributing to the death but not related to the disease or condition causing death.</u> <u>POLYCYSTIC KIDNEYS</u>					INTERVAL BETWEEN ONSET AND DEATH <u>Undet.</u>	
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION							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) m.		21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>			21f. HOW DID INJURY OCCUR <u>757.1</u>						
22. I hereby certify that I attended the deceased from <u>1-23</u> , 19 <u>51</u> , to <u>2-25</u> , 19 <u>51</u> , that I last saw the deceased alive on <u>2-25</u> , 19 <u>51</u> , and that death occurred at <u>1:45 A.M.</u> , from the causes and on the date stated above.											
23a. SIGNATURE <u>Elizabeth Dorsey</u> (Degree or title)					23b. ADDRESS <u>2601 Whittier</u>			23c. DATE SIGNED <u>2-27-51</u>			
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>BURIAL</u>		24b. DATE <u>2-2-51</u>		24c. NAME OF CEMETERY OR CREMATORY <u>ORCHARD CEM.</u>		24d. LOCATION (City, town, or county) (State) <u>LAMAR FERRY RD. St. Louis</u>					
DATE REC'D BY LOCAL REG. <u>FEB 28 1951</u>		REGISTRAR'S SIGNATURE <u>J. B. Santos</u>			25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS <u>Herman G. Allen 4368 Washington</u>						

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.....

Edward S. Vandell

Licensed Embalmer No.

4243

P. O. Address.....

*130 Eldridge St
New York, N.Y.*

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.