

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. **18666**
4558
Registrar's No.

FILED MAY 28 1951

BIRTH NO. _____ REG. DIST. NO. **318** PRIMARY REG. DIST. NO. **1003**

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		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN St. Louis	
d. FULL NAME OF HOSPITAL OR INSTITUTION 4715 Minnesota		STREET ADDRESS (If rural, give location) 4715 Minnesota	
3. NAME OF DECEASED (Type or Print) a. (First) LUELLA b. (Middle) O. c. (Last) TAYLOR			4. DATE OF DEATH (Month) (Day) (Year) May 15, 1951
5. SEX Female	6. COLOR OR RACE White	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Married	8. DATE OF BIRTH July 10, 1908
9a. AGE (In years last birthday) 42		9b. MONTHS 	9c. DAYS
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Hosuewife		10b. KIND OF BUSINESS OR INDUSTRY ----	11. BIRTHPLACE (State or foreign country) St. Louis, Missouri
12. CITIZEN OF WHAT COUNTRY? 0		13a. FATHER'S NAME Rudolph Hartmann	
13b. MOTHER'S MAIDEN NAME Clara Heinecke		14. NAME OF HUSBAND OR WIFE Clarence Taylor	
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 Clarence Taylor ADDRESS 4715 Minnesota, St. Louis
18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c)		MEDICAL CERTIFICATION	
I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Pneumonic heart disease		INTERVAL BETWEEN ONSET AND DEATH 20 years	
*This does not mean the mode of dying, such as heart failure, asthma, etc. It means the disease, injury, or complication which caused death.		ANTECEDENT CAUSES	
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.	
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)	21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	21f. HOW DID INJURY OCCUR 416X	
22. I hereby certify that I attended the deceased from Feb, 1940 , to May 15, 1951 , that I last saw the deceased alive on May 12, 1951 , and that death occurred at 7a m., from the causes and on the date stated above.			
23a. SIGNATURE Am F. Deane (Degree or title) M.D.		23b. ADDRESS 3720 Washington	23c. DATE SIGNED 5/15/51
24a. BURIAL, CREMATION, REMOVAL (Specify) Burial	24b. DATE May 18, 1951	24c. NAME OF CEMETERY OR CREMATORY St. Trinity Cem	24d. LOCATION (City, town, or county) (State) St. Louis, Mo
DATE REC'D BY LOCAL REG. MAY 15 1951	REGISTRAR'S SIGNATURE J. B. Pasata	25. FUNERAL DIRECTOR'S SIGNATURE C. Hoffmeister U. & L. Co. ADDRESS 7814 S. Broadway, St. Louis, Mo.	

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

Lewis C. Hoffmann

Signed.....

Student Embalmer

Licensed Embalmer No. 3821

P. O. Address. 7814 S Broadway

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.