

FILED JUL 26 1957

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. **25376**
Registrar's No. **5964**

BIRTH NO. _____ REG. DIST. NO. **318** PRIMARY REG. DIST. **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) St. Louis		c. CITY (If outside corporate limits, write RURAL and give township) St. Louis	
c. LENGTH OF STAY (In this place) 27 yrs		d. FULL NAME OF HOSPITAL OR INSTITUTION 4446 A Blair	
d. FULL NAME OF HOSPITAL OR INSTITUTION 4446 A Blair		e. STREET ADDRESS (If rural, give location) 425 So. 22nd	

3. NAME OF DECEASED (Type or Print) Clarence Taylor		4. DATE OF DEATH (Month) (Day) (Year) 6/30/51	
5. SEX Male	6. COLOR OR RACE Colored	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Married	8. DATE OF BIRTH 8/15/1886
9. AGE (In years last birthday) 64		10. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Labor	11. BIRTHPLACE (State or foreign country) Macon, Miss.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Labor		12. CITIZEN OF WHAT COUNTRY? /	

13a. FATHER'S NAME Poe Taylor	13b. MOTHER'S MAIDEN NAME Unknown	14. NAME OF HUSBAND OR WIFE Mary 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. 486-18-5997	17. INFORMANT'S SIGNATURE OR NAME ADDRESS Clara Taylor 1446A Blair

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.	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) mitral Insufficiency		INTERVAL BETWEEN ONSET AND DEATH 3 yrs
	ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. 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 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? H210

22. I hereby certify that I attended the deceased from **18th Jan 1951** to **Jan 30, 1951**, that I last saw the deceased alive on **23rd Jan 51**, and that death occurred at **10A** m., from the causes and on the date stated above.

23a. SIGNATURE W. B. Reaton	23b. ADDRESS 1143 Franklin St. St. Louis Mo.	23c. DATE SIGNED 3 July
24a. BURIAL, CREMATION, REMOVAL (Specify) Burial	24b. DATE 7/6/51	24c. NAME OF CEMETERY OR CREMATORY Washington Park
24d. LOCATION (City, town, or county) (State) St. Louis Mo.		25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS Wm. F. Home 215 So. Jefferson

DATE REC'D BY LOCAL REGISTRAR'S SIGNATURE
JUL 3 1957 J. B. Foster

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 _____

S. J. Watson

Licensed Embalmer No. _____

2698

P. O. Address _____

2769 Brown

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.