

**THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH**

State File No. **25380**  
Registrar's No. **6818**

**FILED AUG 15 1951**

BIRTH NO. _____		REG. DIST. NO. <b>318</b>		PRIMARY REG. DIST. NO. <b>1003</b>		Registrar's No. <b>6818</b>	
1. PLACE OF DEATH a. COUNTY _____				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <b>Missouri</b> b. COUNTY _____			
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <b>St. Louis</b>		c. LENGTH OF STAY (in this place) _____		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <b>St. Louis</b> <b>2219</b>			
d. FULL NAME OF HOSPITAL OR INSTITUTION <b>Homer G Phillips Hospital</b>				2. STREET ADDRESS (If rural, give location) <b>3215 Pine Street</b>			
3. NAME OF DECEASED (Type or Print) <b>Robert Taylor</b>			a. (First)	b. (Middle)	c. (Last)	4. DATE OF DEATH (Month) (Day) (Year) <b>July 26 1951</b>	
5. SEX <b>Male</b>	6. COLOR OR RACE <b>Colored</b>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <b>Sep.</b>	8. DATE OF BIRTH <b>2-21-1907</b>		9. AGE (In years last birthday) <b>44</b>	10. MONTHS <b>5</b>	11. YEARS <b>5</b>
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <b>Porter</b>			10b. KIND OF BUSINESS OR INDUSTRY <b>Jefferson Hotel</b>		11. BIRTHPLACE (State or foreign country) <b>Arkansas</b>		12. CITIZEN OF WHAT COUNTRY? <b>USA</b>
13a. FATHER'S NAME <b>Walter L. Taylor</b>			13b. MOTHER'S MAIDEN NAME <b>Hattie McKinney</b>			14. NAME OF HUSBAND OR WIFE _____	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <b>No</b>		16. SOCIAL SECURITY NO. <b>400-01-8688</b>		17. INFORMANT'S SIGNATURE OR NAME <b>William E. Taylor</b>		ADDRESS <b>4541 Evans Avenue</b>	
18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c)  <i>*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>				<b>MEDICAL CERTIFICATION</b>			
I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <b>Hypostatic Pneumonia</b>				INTERVAL BETWEEN ONSET AND DEATH <b>Undet.</b>			
ANTECEDENT CAUSES  <i>Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.</i>				DUE TO (b) <b>Undetermined</b>			
DUE TO (c) _____				II. OTHER SIGNIFICANT CONDITIONS  <i>Conditions contributing to the death but not related to the disease or condition causing death.</i>			
_____				<b>Malignant Hypertension</b>			
19a. DATE OF OPERATION _____		19b. MAJOR FINDINGS OF OPERATION <b>445X</b>				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) _____		_____	
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? <b>1-2X</b>			
22. I hereby certify that I attended the/deceased from <b>7-6</b> , 19 <b>51</b> to <b>7-26</b> , 19 <b>51</b> , that I last saw the deceased alive on <b>7-26</b> , 19 <b>51</b> , and that death occurred at <b>11:40p</b> m., from the causes and on the date stated above.							
23a. SIGNATURE <b>James W. Harris</b> (Degree or title) <b>M. D.</b>				23b. ADDRESS <b>2601 N. Whittier St</b>		23c. DATE SIGNED <b>7-30-51</b>	
24a. BURIAL, CREMATION, REMOVAL (Specify) <b>Burial</b>		24b. DATE <b>8-2-1951</b>	24c. NAME OF CEMETERY OR CREMATORY <b>Greenwood Cemetery</b>		24d. LOCATION (City, town, or county) (State) <b>St. Louis Missouri</b>		
DATE REC'D BY LOCAL REG. <b>JUL 30 1951</b>		REGISTRAR'S SIGNATURE <b>J. B. Lanier</b>		25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS <b>Ellis Funeral Home, Inc. 2820 Stoddard</b>			

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.....

*E. E. Culkin*

Signed.....  
Student Embalmer

Licensed Embalmer No. *498*

P. O. Address *Sharon 13.7*

**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.