

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

29162

State File No. ....

FILED SEP 15 1951

BIRTH NO. \_\_\_\_\_ REG. DIST. NO. 2.7 PRIMARY REG. DIST. NO. 6076 Registrar's No. 3120

1. PLACE OF DEATH a. COUNTY <b>ST. LOUIS</b>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <b>Missouri</b> b. COUNTY <b>St. Louis</b>	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <b>OLIVETTE</b>		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <b>Olivette</b>	
c. LENGTH OF STAY (in this place) <b>years</b>		<b>4380</b>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <b>30 The Orchards</b>		d. STREET ADDRESS (If rural, give location) <b>#30 The Orchards</b>	

3. NAME OF DECEASED (Type or Print) a. (First) <b>WILLIAM</b> b. (Middle) <b>M.</b> c. (Last) <b>Taggart</b>			4. DATE OF DEATH (Month) (Day) (Year) <b>Sept. 9, 1951</b>		
5. SEX <b>Male</b>		6. COLOR OR RACE <b>White</b>		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <b>Married</b>	
8. DATE OF BIRTH <b>Dec. 21 1898</b>		9. AGE (In years last birthday) <b>52</b>		10. CITIZEN OF WHAT COUNTRY? <b>USA</b>	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <b>Wholesale; Leather</b>			10b. KIND OF BUSINESS OR INDUSTRY <b>Broker.</b>		
11. BIRTHPLACE (State or foreign country) <b>St. Louis, Mo.</b>			12. CITIZEN OF WHAT COUNTRY? <b>USA</b>		

13a. FATHER'S NAME <b>William M. Taggart.</b>		13b. MOTHER'S MAIDEN NAME <b>Margaret Carter.</b>		14. NAME OF HUSBAND OR WIFE <b>Clara Ralston Taggart.</b>	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <b>unk</b>		16. SOCIAL SECURITY NO. <b>unk</b>		17. INFORMANT'S SIGNATURE OR NAME ADDRESS <b>Mrs. Clara R. Taggart. Olivette, Mo.</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, asphyxia, etc. It means the disease, injury, or complication which caused death.</i>		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <b>Adenocarcinoma of Right Lung (Bronchogenic)</b>			INTERVAL BETWEEN ONSET AND DEATH <b>10 months</b>
		ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) _____ DUE TO (c) <b>162X</b>			
		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?	

22. I hereby certify that I attended the deceased from Feb. 14, 1940, to Sept. 9, 1951, that I last saw the deceased alive on Sept. 9, 1951, and that death occurred at 3:20 p. m., from the causes and on the date stated above.

23a. SIGNATURE <b>Hiram L. Hight</b>		(Degree or title) <b>M. D.</b>		23b. ADDRESS <b>3720 Washington Blvd., St. Louis</b>		23c. DATE SIGNED <b>Sept. 10, 1951</b>	
24a. BURIAL, CREMATION, REMOVAL (Specify) <b>Cremation</b>		24b. DATE <b>9-11-1951</b>		24c. NAME OF CEMETERY OR CREMATORY <b>Oak Grove Crematory</b>		24d. LOCATION (City, town, or county) (State) <b>St. Louis Co., Mo.</b>	
DATE REC'D BY LOCAL REG. <b>9-11-51</b>		REGISTRAR'S SIGNATURE <b>Herbert P. Frank M.D.</b>		25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS <b>C.R. Lupton &amp; Sons, 7233 Delmar Blvd.</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.....  
Student Embalmer

Signed *Melvin L Kemper*

Licensed Embalmer No. *4052*

P. O. Address *St. Louis, Mo*

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.