

STANDARD CERTIFICATE OF DEATH

THE DIVISION OF HEALTH OF MISSOURI

State File No. 31205

No. 300  
10.48

FILED SEP 26 1951

|  |                                      |  |  |  |
|--|--------------------------------------|--|--|--|
| BIRTH NO.  |                                      | REG. DIST. NO. 310   | PRIMARY REG. DIST. NO. 3058  | Registrar's No. 189  |
| 1. PLACE OF DEATH<br>a. COUNTY St. Charles   |                                      | 2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)<br>a. STATE Missouri b. COUNTY St. Louis |  |  |
| b. CITY OR TOWN St. Charles  |                                      | c. CITY OR TOWN University City  |  |  |
| d. FULL NAME OF HOSPITAL OR INSTITUTION St. Joseph Hosptl  |                                      | d. STREET ADDRESS (If rural, give location) 1077 Pennsylvania Ave  |  |  |
| 3. NAME OF DECEASED (Type or Print) Harry F. Taylor  |                                      | 4. DATE OF DEATH (Month) (Day) (Year) Sept 18 1951   |  |  |
| 5. SEX Male  | 6. COLOR OR RACE White               | 7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Widowed   | 8. DATE OF BIRTH Aug 3 1872  | 9. AGE (In years last birthday) 79   |
| 10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Retired  |                                      | 10b. KIND OF BUSINESS OR INDUSTRY Laundry Buss.  | 11. BIRTHPLACE (State or foreign country) West Virginia                | 12. CITIZEN OF WHAT COUNTRY? U.S.  |
| 13a. FATHER'S NAME Robert Taylor   |                                      | 13b. MOTHER'S MAIDEN NAME Dont Know  | 14. NAME OF HUSBAND OR WIFE Mathilda Bold Taylor Dec                   |  |
| 15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) No   |                                      | 16. SOCIAL SECURITY NO. Dont Know  | 17. INFORMANT'S SIGNATURE OR NAME EARL BOLD ADDRESS 3526 Lindscott Ave |  |
| 18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c))   |                                      | MEDICAL CERTIFICATION  |  | INTERVAL BETWEEN ONSET AND DEATH   |
| I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Uremia Terminal   |                                      | II. OTHER SIGNIFICANT CONDITIONS   |  | 3 days   |
| *This does not mean the mode of dying, such as heart failure, asphyxia, etc. It means the disease, injury, or complication which caused death.   |                                      | ANTECEDENT CAUSES  |  | 3 wks  |
|  |                                      | Morbidity conditions, if any, giving rise to the above cause (a) stating the underlying cause last.                            |  | 10 yrs   |
|  |                                      | DUE TO (b) Cerebral Hemorrhage   |  |  |
|  |                                      | DUE TO (c) Coronary atherosclerotic heart disease  |  |  |
| 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) (Min)  |                                      | 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 June 1899 to 9/18, 1951, that I last saw the deceased alive on 9/18, 1951, and that death occurred at 4:25 P.M. from the causes and on the date stated above. |                                      |  |  |  |
| 23a. SIGNATURE Walter C. Sugg M.D.   |                                      | 23b. ADDRESS 8938 St. Charles Road   | 23c. DATE SIGNED 9/19/51   |  |
| 24a. BURIAL, CREMATION, REMOVAL (Specify) Burial   |                                      | 24b. DATE Sept 21 1951   | 24c. NAME OF CEMETERY OR CREMATORY Valhalla Cemetery                   | 24d. LOCATION (City, town, or county) (State) St. Louis County Mo.               |
| DATE REC'D BY LOCAL REG. 9-20-51   | REGISTRAR'S SIGNATURE James Hamilton | 25. FUNERAL DIRECTOR'S SIGNATURE J. W. Clark   |  | ADDRESS 1125 Hodiamont Ave   |

(Licensed Embalmer's Statement on Reverse Side)

WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

923

Dr. Walter C Gray

8938 St Charles Road

Wabash 3334

1.30 to 3 P.M.

File No.

DISTRICT HEALTH OFFICE No. 4

SEP 24 1951

RECEIVED

OCT 10 1952

OCT 17 1951

*Handwritten signature/initials*

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 *John S. Wenneke*  
Licensed Embalmer No. 4194  
P. O. Address.....

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.