

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. **10657**
Registrar's No. **1779**

FILED MAR 22 1952

BIRTH NO. _____ REG. DIST. NO. **318** PRIMARY REG. DIST. NO. **1003** Registrar's No. **1779**

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 2119	
c. LENGTH OF STAY (in this place) Life		d. STREET ADDRESS (If rural, give location) 4215 W. Page Blvd.	
d. FULL NAME OF HOSPITAL OR INSTITUTION St. Mary's Infirmary			

3. NAME OF DECEASED (Type or Print) a. (First) Helen b. (Middle) Davis c. (Last) Taylor			4. DATE OF DEATH (Month) (Day) (Year) 2/21/52		
5. SEX Female		6. COLOR OR RACE Negro		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Married	
8. DATE OF BIRTH 3/9/06		9. AGE (In years last birthday) 45		IF UNDER 1 YEAR Months Days IF UNDER 2 HRS. Hours Min.	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Social worker			10b. KIND OF BUSINESS OR INDUSTRY		11. BIRTHPLACE (State or foreign country) St. Louis, Missouri
12. CITIZEN OF WHAT COUNTRY? USA					

13a. FATHER'S NAME John E. Davis		13b. MOTHER'S MAIDEN NAME Anna R. Winfield		14. NAME OF HUSBAND OR WIFE David Taylor	
--	--	--	--	--	--

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) No		16. SOCIAL SECURITY NO. 499-34-5495		17. INFORMANT'S SIGNATURE OR NAME ADDRESS David Taylor, 4215 W. Page Blvd	
---	--	--	--	---	--

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) Cardioma of Breast ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) Breast DUE TO (c) II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.			INTERVAL BETWEEN ONSET AND DEATH 8 mos
--	--	---	--	--	--

19a. DATE OF OPERATION 10/18/51		19b. MAJOR FINDINGS OF OPERATION Adenoma of left Breast (Carcinoma)		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? 170X	
---	--	--	--	---	--

22. I hereby certify that I attended the deceased from **10/18/51**, **1951**, to **2/21/52**, **1952**, that I last saw the deceased alive on **2/21/52**, **1952** and that death occurred at **10:15 P.M.**, from the causes and on the date stated above.

23a. SIGNATURE <i>[Signature]</i>		(Degree or title)		23b. ADDRESS 822a N. Jefferson Avenue	
23c. DATE SIGNED					

24a. BURIAL, CREMATION, REMOVAL (Specify) Removal		24b. DATE 2/26/52		24c. NAME OF CEMETERY OR CREMATORY Washington Park	
				24d. LOCATION (City, town, or county) (State) St. Louis Co., Missouri	

DATE REC'D BY LOCAL REGISTRAR'S SIGNATURE FEB 25 1952 <i>[Signature]</i>		25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS Chas. J. Gates, 4107 Finney Avenue			
---	--	---	--	--	--

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 _____

Licensed Embalmer No. 4259

P. O. Address 4107 Finney Avenue

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.