

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

14838

State File No.

FILED APR 25 1952

BIRTH NO. _____ REG. DIST. NO. **318** PRIMARY REG. DIST. NO. **1003** Registrar's No. **3154**

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

1. PLACE OF DEATH a. COUNTY		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE Illinois b. COUNTY Clair	
b. CITY (If outside corporate limits, write RURAL and give town) OR TOWN St. Louis		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN E. St. Louis 8/20	
c. LENGTH OF STAY (In this place) 5 weeks		d. STREET ADDRESS (If rural, give location) 1811 Converse 8	
d. FULL NAME OF HOSPITAL OR INSTITUTION Peoples Hospital			
3. NAME OF DECEASED a. (First) Albert		b. (Middle) Taylor	
c. (Last) Taylor		4. DATE OF DEATH 3-31-52	
5. SEX Male	6. COLOR OR RACE Negro	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Married	8. DATE OF BIRTH June 1, 1867
9. AGE (In years last birthday) 84		IF UNDER 1 YEAR Months	IF UNDER 24 HRS. Days
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Farmer & Minister		10b. KIND OF BUSINESS OR INDUSTRY Self	11. BIRTHPLACE (State or foreign country) Monroe County, Mississippi
12. CITIZEN OF WHAT COUNTRY? USA			
13a. FATHER'S NAME Branch Taylor		13b. MOTHER'S MAIDEN NAME Mamie	
14. NAME OF HUSBAND OR WIFE Mathie Taylor			
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) no		16. SOCIAL SECURITY NO. none	
17. INFORMANT'S SIGNATURE OR NAME Mathie Taylor		ADDRESS 1811 Converse	
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.		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Angina & Myocardial Infarction ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) depression DUE TO (c) Hypertension 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?		592x	
22. I hereby certify that I attended the deceased from 2/1 , 19 52 , to 2/31 , 19 52 , that I last saw the deceased alive on 2/31 , 19 52 , and that death occurred at 8:10 A.M. , from the causes and on the date stated above.			
23a. SIGNATURE E. F. Warden (Degree or title)		23b. ADDRESS 130 N 2ND ST	
23c. DATE SIGNED 4/1/52			
24a. BURIAL, CREMATION, REMOVAL (Specify) Removal		24b. DATE 4-3-52	
24c. NAME OF CEMETERY OR CREMATORY Brookers Washington		24d. LOCATION (City, town, or county) (State) E. St. Louis, Illinois	
DATE REC'D BY LOCAL REG. APR 3 1952		REGISTRAR'S SIGNATURE Charles M. ...	
25. FUNERAL DIRECTOR'S SIGNATURE O. J. Nash		ADDRESS 3847 Page	

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.....

P. T. Nash

Signed.....
Student Embalmer

Licensed Embalmer No. *2437*

P. O. Address *3847 Paper*

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.