

THE DIVISION OF HEALTH OF MISSOURI
 STANDARD CERTIFICATE OF DEATH

State File No. **22732**
 Registrar's No. **6128**

FILED JUL 15 1952

318 PRIMARY REG. DIST. NO. 1003

BIRTH NO. _____		REG. DIST. NO. _____		PRIMARY REG. DIST. NO. 1003		Registrar's No. 6128	
1. PLACE OF DEATH a. COUNTY 4218 Washington - St. Louis, Mo				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) St. Louis, Missouri		c. LENGTH OF STAY (In this place) 62 yrs.		c. CITY (If outside corporate limits, write RURAL and give township) St. Louis, 2199		d. STREET ADDRESS (If rural, give location) 19 #4220 Washington	
d. FULL NAME OF HOSPITAL OR INSTITUTION 4218 Washington Ave.				4. DATE OF DEATH (Month) (Day) (Year) June 29, 1952.			
3. NAME OF DECEASED (Type or Print) a. (First) MARY		b. (Middle) MORRISON		c. (Last) TAYLOR		4. DATE OF DEATH (Month) (Day) (Year) June 29, 1952.	
5. SEX Female		6. COLOR OR RACE White		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED, (Specify) Widowed		8. DATE OF BIRTH June 8, 1862.	
9. AGE (In years last birthday) 90.		10. MONTHS 90.		11. BIRTHPLACE (City and State or Foreign Country) Iron County, Missouri.		12. CITIZEN OF WHAT COUNTRY? U.S.A.	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) At Home..		10b. KIND OF BUSINESS OR INDUSTRY Hosewife..		13a. FATHER'S NAME Thomas Morrison			
13b. MOTHER'S MAIDEN NAME Sarah Williams		14. NAME OF HUSBAND OR WIFE Seneca N. 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 Miss Morrison			
18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c) I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Heart exhaustion		MEDICAL CERTIFICATION				INTERVAL BETWEEN ONSET AND DEATH 4 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.		DUE TO (b) Arterio sclerosis generalized				DUE TO (c) Infirmities of age	
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) m.		21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21f. HOW DID INJURY OCCUR? 4500 F			
22. I hereby certify that I attended the deceased from Sept 25, 1950 , to June 9, 1952 , that I last saw the deceased alive on June 27, 1952 , and that death occurred at 2 P m., from the causes and on the date stated above.							
23a. SIGNATURE A. Beasley, M.D.				23b. ADDRESS #16 Hampton Village		23c. DATE SIGNED 6/30/52	
24a. BURIAL OR CREMATION, REMOVAL (Specify) Burial		24b. DATE 7/1/52.		24c. NAME OF CEMETERY OR CREMATORY Bellfontaine Cemetery.		24d. LOCATION (City, town, or county) (State) St. Louis, Missouri.	
DATE REC'D BY LOCAL REG. JUN 30 1952		REGISTRAR'S SIGNATURE Carl Smith M.D.		25. FUNERAL DIRECTOR'S SIGNATURE C.R. Lupton & Sons, 7233 Delmar Blvd.,			

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

(Licensed Embalmer's Statement on Reverse Side)

Dr. L. K. Beasley.
16 Hampton Village.
SW: 3731.

Dr

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 Arnold W. Schoene

Licensed Embalmer No. 3864

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.