No. 300
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WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 30105

FILED SEP 8 - 1952

BIRTH NO. _____ REG. DIST. NO. 318 PRIMARY REG. DIST. NO. 1003 Registrar's No. 8065

1. PLACE OF DEATH
a. COUNTY
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township) St. Louis 18
c. LENGTH OF STAY (In this place)
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location) 2834 Delmar

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE Missouri
b. COUNTY 2210
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township) St. Louis 1 8
d. STREET ADDRESS (If rural, give location) 2824 Delmar

3. NAME OF DECEASED (Type or Print)
a. (First) Lawrence
b. (Middle) L
c. (Last) Taylor

4. DATE OF DEATH (Month) Aug (Day) 22 (Year) 52

5. SEX Male 2

6. COLOR OR RACE Negro

7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Single 0

8. DATE OF BIRTH Oct. 1 1924

9. AGE (In years last birthday) 27 — If under 1 year: Months / Days — If under 1 day: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Poter Work

10b. KIND OF BUSINESS OR INDUSTRY None

11. BIRTHPLACE (State or foreign country) Oklahoma

12. CITIZEN OF WHAT COUNTRY? U S A

13a. FATHER'S NAME Oscar Taylor

13b. MOTHER'S MAIDEN NAME Gertra Jones

14. NAME OF HUSBAND OR WIFE None

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) No — (If yes, give war or dates of service)

16. SOCIAL SECURITY NO.

17. INFORMANT'S SIGNATURE OR NAME Sarah Allen — **ADDRESS** 2824 Delmar

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, asthenia, etc. It means the disease, injury, or complication which caused death.

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Exsanguination due to bullet wound of the L. Pulmonary artery and the left lung, suffered when shot with gun in the hands of one Sgt. Adolph Jacobsmeyer, of the Metropolitan Police Dept. in the line of Police Duty, in the rear of about 2834 Delmar about 3:16 P.M., Aug. 22, 1952. Justifiabl Homicide.

ANTECEDENT CAUSES — *Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.*
DUE TO (b)
DUE TO (c)

INTERVAL BETWEEN ONSET AND DEATH

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 ☒ NO ☐

21a. ~~ACCIDENT~~ ~~SUICIDE~~ HOMICIDE (Specify) Justifiable

21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) Street

21c. (CITY, TOWN, OR TOWNSHIP) St Louis (COUNTY) (STATE)

21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.

21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐

21f. HOW DID INJURY OCCUR? See above E984X

22. *I hereby certify that I attended the deceased from _____, 19__, to _____, 19__, that I last saw the deceased alive on _____, 19__, and that death occurred at 3 P. m., from the causes and on the date stated above.*

23a. SIGNATURE Joseph M. Lewis Deputy Coroner (Degree or title)

23b. ADDRESS 1300 Clark

23c. DATE SIGNED 8/25/52

24a. BURIAL, CREMATION, REMOVAL (Specify) Bu Removal

24b. DATE Aug 29 - 52

24c. NAME OF CEMETERY OR CREMATORY Oakdale Cemetery

24d. LOCATION (City, town, or county) St-Louis Co., (State) MO

DATE REC'D BY LOCAL REG. AUG 26 1952

REGISTRAR'S SIGNATURE J. Carl Smith MD

25. FUNERAL DIRECTOR'S SIGNATURE Boyd Bros. **ADDRESS** 3706 Finney Ave

MJB

(Licensed Embalmer's Statement on Reverse Side)

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 Edward Flynn

Signed.....
Student Embalmer

Licensed Embalmer No. 4444

P. O. Address 4848 Page

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply w
the above constitutes grounds for revocation of license.)

If this body is not embalmed, fact should be so stated above.