

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. **40778**
10125
Registrar's No.

DEC 2 1952

BIRTH NO. _____ REG. DIST. NO. **318** PRIMARY REG. DIST. NO. **1003**

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 2129	
d. FULL NAME OF HOSPITAL OR INSTITUTION 4961 Laclede Ave.		d. STREET ADDRESS (If rural, give location) 4961 Laclede Ave.	

3. NAME OF DECEASED (Type or Print) a. (First) Harriet	b. (Middle) L.	c. (Last) Taussig	4. DATE OF DEATH (Month) (Day) (Year) Nov. 1, 1952
--	-----------------------	--------------------------	--

5. SEX Female	6. COLOR OR RACE White	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED, (Specify) Widow	8. DATE OF BIRTH Sept. 7, 1873	9. AGE (In years last birthday) 79	IF UNDER 1 YEAR Months	IF UNDER 1 YEAR Days	IF UNDER 14 HRS. Hours	IF UNDER 14 HRS. Min.
----------------------	-------------------------------	--	---------------------------------------	---	---------------------------	-------------------------	---------------------------	--------------------------

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Housewife	10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country) St. Louis, Mo.	12. CITIZEN OF WHAT COUNTRY? U.S.
--	-----------------------------------	---	--

13a. FATHER'S NAME John L. Learned	13b. MOTHER'S MAIDEN NAME Lucelia Wakefield	14. NAME OF HUSBAND OR WIFE Albert E.
---	--	--

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) No	16. SOCIAL SECURITY NO. None	17. INFORMANT'S SIGNATURE OR NAME ADDRESS Dr. Barrett Taussig, 18 Narragansett
--	-------------------------------------	---

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		INTERVAL BETWEEN ONSET AND DEATH
	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Myocardial infarction		10 Mins.
	ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) Coronary occlusion and DUE TO (c) Coronary sclerosis		10 Mins. 10 years
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) (Min.)	21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	21f. HOW DID INJURY OCCUR? 4201
--	--	--

22. I hereby certify that I attended the deceased from **Jan 16, 1943**, to **Nov 1, 1952**, that I last saw the deceased alive on **Oct. 31, 1952**, and that death occurred at **9 A** m., from the causes and on the date stated above.

23a. SIGNATURE (Degree or title) Barrett L. Taussig M.D.	23b. ADDRESS 4500 Olive St.	23c. DATE SIGNED Nov. 1. 52
---	------------------------------------	------------------------------------

24a. BURIAL, CREMATION, REMOVAL (Specify) Cremation	24b. DATE 11-1-52	24c. NAME OF CEMETERY OR CREMATORY Valhalla	24d. LOCATION (City, town, or county) (State) St. Louis Co., Mo.
--	--------------------------	--	---

DATE REC'D BY LOCAL NOV 3 1952	REGISTRAR'S SIGNATURE J. Carl Smith	25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS Wagoner Mortuary, 4911 Washington
---------------------------------------	--	---

(Licensed Embalmer's Statement on Reverse Side)

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

DEC 3 1952

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.....

Robert M. Murray

.....
Student Embalmer

..... Licensed Embalmer No. *3749*

..... 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.