

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

State File No. 40781  
Registrar's No. 10118

FILED DEC 2 1952

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 <u>MISSOURI</u> b. COUNTY	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>SAINT LOUIS</u>		c. LENGTH OF STAY (In this place) c. CITY (If outside corporate limits, write RURAL and give township): OR TOWN <u>SAINT LOUIS</u> <u>2259</u>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>Homer G Phillips Hospital</u>		d. STREET ADDRESS (If rural, give location) <u>25 712 So. 18th St.</u>	
3. NAME OF DECEASED (Type or Print) a. (First) <u>Myra</u> b. (Middle) c. (Last) <u>Taylor</u>			4. DATE OF DEATH (Month) (Day) (Year) <u>Oct. 29 1952</u>
5. SEX <u>Female</u>	6. COLOR OR RACE <u> Negro</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>WIDOWED</u>	8. DATE OF BIRTH <u>July 26, 1887</u>
9. AGE (In years) last birthday <u>65</u>		10. MONTHS <u>3</u>	11. DAYS <u>3</u>
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>MAID</u>		10b. KIND OF BUSINESS OR INDUSTRY <u>ANGELOS HOTEL</u>	11. BIRTHPLACE (City and State or Foreign Country) <u>WASHINGTON, MISSOURI</u>
12. CITIZEN OF WHAT COUNTRY? <u>U.S.A.</u>		13a. FATHER'S NAME <u>CHARLES TAYLOR</u>	
13b. MOTHER'S MAIDEN NAME <u>SEDONIA MAYE</u>		14. NAME OF HUSBAND OR WIFE <u>WILLIAM TAYLOR</u>	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <u>NONE</u>		16. SOCIAL SECURITY NO. <u>498-10-9050</u>	17. INFORMANT'S SIGNATURE OR NAME <u>CYNTHIA LOTT</u>
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 18. CAUSE OF DEATH DIRECTLY LEADING TO DEATH* (a) <u>Cerebral Hemorrhage due to</u> ANTECEDENT CAUSES <u>HYPERTENSION</u> DUE TO (b) <u>Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.</u> DUE TO (c) <u>None</u> II. OTHER SIGNIFICANT CONDITIONS <u>Conditions contributing to the death but not related to the disease or condition causing death.</u> <u>None</u>	
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? <u>331X</u>		22. I hereby certify that I attended the deceased from <u>10-27</u> <u>1952</u> , to <u>10-29</u> <u>1952</u> , that I last saw the deceased alive on <u>10-29</u> <u>1952</u> , and that death occurred at <u>4:40a</u> m., from the causes and on the date stated above.	
23a. SIGNATURE <u>Edna E. Brooks M. D.</u>		23b. ADDRESS <u>2601 N Whittier St</u>	
23c. DATE SIGNED <u>10-29-52</u>		24a. BURIAL, CREMATION, REMOVAL (Specify) <u>REMOVAL</u>	
24b. DATE <u>Nov. 4, 1952</u>		24c. NAME OF CEMETERY OR CREMATORY <u>GREENWOOD CEMETERY</u>	
24d. LOCATION (City, town, or county) (State) <u>ST. LOUIS, MISSOURI</u>		25. FUNERAL DIRECTOR'S SIGNATURE <u>J. Carl Smith MD</u>	
DATE REC'D BY LOCAL REGISTRAR'S SIGNATURE <u>NOV 3 1952</u>		ADDRESS <u>1221 N. Grand Blvd.</u>	

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 *Joseph P. Adams*

Licensed Embalmer No. 755

P. O. Address 1221 7th St

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.