

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

45111

State File No. _____

FILED JAN 26 1953

REG. DIST. NO. 318 PRIMARY REG. DIST. NO. 1003

Registrar's No. 11988

| | | | |
|--|----------------------------------|---|---|
| 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. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Saint Louis</u> <u>2219</u> | |
| d. FULL NAME OF HOSPITAL OR INSTITUTION <u>Homer G. Phillips Hospital</u> | | d. STREET ADDRESS (If rural, give location) <u>21 3416 Lucas Avenue</u> | |
| 3. NAME OF DECEASED (Type or Print) a. (First) <u>Ida</u> b. (Middle) c. (Last) <u>Taylor</u> | | 4. DATE OF DEATH (Month) (Day) (Year) <u>Dec. 25, 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>Sept. 10, 1914</u> |
| 9. AGE (In years last birthday) <u>38</u> | | # UNDER 1 YEAR <u>3</u> | # UNDER 15 HOURS <u>15</u> |
| 10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Laborer</u> | | 10b. KIND OF BUSINESS OR INDUSTRY <u>Cleaners</u> | 11. BIRTHPLACE (City and State or Foreign Country) <u>Widneru Arkansas</u> |
| 12. CITIZEN OF WHAT COUNTRY? <u>U. S. A.</u> | | 13a. FATHER'S NAME <u>Doc Taylor</u> | |
| 13b. MOTHER'S MAIDEN NAME <u>Janie Cocrell</u> | | 14. NAME OF HUSBAND OR WIFE <u>Unknown</u> | |
| 15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <u>No</u> | | 16. SOCIAL SECURITY NO. <u>499-28-0819</u> | |
| 17. INFORMANT'S SIGNATURE OR NAME <u>Gonzella Allen</u> | | ADDRESS <u>1420 Aubert</u> | |
| 18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c) | | | |
| I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Cerebral Thrombosis (left)</u> | | INTERVAL BETWEEN ONSET AND DEATH <u>Undetermined</u> | |
| ANTECEDENT CAUSES *This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death. DUE TO (b) <u>Hypertension</u> | | " | |
| DUE TO (c) | | | |
| 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? <u>332x</u> | | | |
| 22. I hereby certify that I attended the deceased from <u>Nov. 22, 1952</u> , to <u>Dec. 25, 1952</u> , that I last saw the deceased alive on <u>Dec. 25, 1952</u> , and that death occurred at <u>6:30 A.M.</u> , from the causes and on the date stated above. | | | |
| 23a. SIGNATURE (Degree or title) <u>Chas. P. Gorde, M.D.</u> | | 23b. ADDRESS <u>2601 N. Whittier St.</u> | |
| 23c. DATE SIGNED <u>Dec. 26, 1952</u> | | | |
| 24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Removal</u> | | 24b. DATE <u>Dec. 31, 1952</u> | |
| 24c. NAME OF CEMETERY OR CREMATORY <u>Oakdale Cemetery</u> | | 24d. LOCATION (City, town, or county) (State) <u>LeMay, Missouri</u> | |
| DATE REC'D BY LOCAL REG. <u>DEC 29 1952</u> | | 25. FUNERAL DIRECTOR'S SIGNATURE <u>J. Earl Smith, M.D.</u> | |
| REGISTRAR'S SIGNATURE <u>E. B. Koonce</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 *Clinton Swan*

Licensed Embalmer No. 45-80

P. O. Address 1221^{1/2} Grand

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.