

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. **8124**
 BIRTH NO. _____ REG. DIST. NO. **317** PRIMARY REG. DIST. NO. **531** Registrar's No. **234**

1. PLACE OF DEATH a. COUNTY St. Louis		2. USUAL RESIDENCE (Where deceased lived. If institution, residence before admission). a. STATE Missouri b. COUNTY St. Louis	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN University City		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN University City	
c. LENGTH OF STAY (in this place) 16 years		4336	
d. FULL NAME OF HOSPITAL OR INSTITUTION 6628 Kingsbury		d. STREET ADDRESS (If rural, give location) 6628 Kingsbury	

3. NAME OF DECEASED (Type or Print) ARTHUR WHITE TAYLOR.			4. DATE OF DEATH (Month) (Day) (Year) Feb. 12, 1953		
5. SEX Male		6. COLOR OR RACE White		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Married	
8. DATE OF BIRTH Jan. 15, 1897		9. AGE (In years last birthday) 56		10. IF UNDER 1 YEAR: Months _____ Days _____	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Secretary: T.J. Moss Tie Co.,		10b. KIND OF BUSINESS OR INDUSTRY Rockport, Indiana		11. BIRTHPLACE (State or foreign country) Indiana	
12. CITIZEN OF WHAT COUNTRY? USA					

13a. FATHER'S NAME Jesse Dean Taylor.		13b. MOTHER'S MAIDEN NAME Genevive White.		14. NAME OF HUSBAND OR WIFE Lillian Eddins Taylor.	
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15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) Yes		16. SOCIAL SECURITY NO. W.V.T. 488-01-3568		17. INFORMANT'S SIGNATURE OR NAME ADDRESS Mrs. Lillian E. Taylor; University City.	
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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, asphyxia, etc. It means the disease, injury, or complication which caused death.		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Coronary Occlusion ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) Hypertension DUE TO (c) _____ II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.		INTERVAL BETWEEN ONSET AND DEATH Two hours Over 5 yrs	
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19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION 4201		20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	
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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?	

22. I hereby certify that I attended the deceased from June, 1948, to Feb 12, 1953, that I last saw the deceased alive on 1-23, 1953, and that death occurred at 8:15 m.; from the causes and on the date stated above.

23a. SIGNATURE (Degree or title) Daniel P. Sexton M.D.		23b. ADDRESS 607 N. Grand Ave		23c. DATE SIGNED 2-12-53	
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24a. BURIAL, CREMATION, REMOVAL (Specify) Cremation		24b. DATE Feb. 14, 1953		24c. NAME OF CEMETERY OR CREMATORY Oak Grove Crematory	
24d. LOCATION (City, town, or county) (State) St. Louis Co., Mo.					

DATE REC'D BY LOCAL REG. 2-13-53		REGISTRAR'S SIGNATURE Herbert A. Donk		25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS C.R. Lupton & Sons; 7233 Delmar Blvd	
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MAR 25 1953

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 _____

Clarence A. Murray

Licensed Embalmer No. *4011*

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.