

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. **16281**
3856
Registrar's No. _____

FILED APR 23 1953

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

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

1. PLACE OF DEATH a. COUNTY		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE MO		b. COUNTY 2069	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN ST. LOUIS, MISSOURI		c. LENGTH OF STAY (In this place)		c. CITY OR TOWN St. Louis	
d. FULL NAME OF HOSPITAL OR INSTITUTION BARNES HOSPITAL		e. STREET ADDRESS (If rural, give location) 6 4854 Cote Brilliant		d. Is Residence within limits of a city or incorporated town? Yes <input type="checkbox"/> No <input type="checkbox"/>	
3. NAME OF DECEASED (Type or Print) ELIZABETH		a. (First)		b. (Middle) NMN	
		c. (Last) TAYLOR		4. DATE OF DEATH (Month) (Day) (Year) 4 9 53	
5. SEX Female		6. COLOR OR RACE NEGRO		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) WIDOWED	
8. DATE OF BIRTH Nov. 23, 1897		9. AGE (In years last birthday) 55		10. IF UNDER 1 YEAR Days	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) NONE		10b. KIND OF BUSINESS OR INDUSTRY NONE		11. BIRTHPLACE (City and State or Foreign Country) ATHENS GEORGIA	
12. CITIZEN OF WHAT COUNTRY? U.S.A.		13a. FATHER'S NAME CUITT		13b. MOTHER'S MAIDEN NAME UNKNOWN	
14. NAME OF HUSBAND OR WIFE PEARL TAYLOR		15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) NO		16. SOCIAL SECURITY NO. NONE	
17. INFORMANT'S SIGNATURE OR NAME ROWENIA L. CRAWFORD		ADDRESS 4854 Cote Brilliant		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.	
19. MEDICAL CERTIFICATION		I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) ?-PULMONARY INFARCTION WITH HYPERSTATIC PNEUMONIA		INTERVAL BETWEEN ONSET AND DEATH 1 week	
ANTECEDENT CAUSES		DUE TO (b) HYPERTENSIVE CARDIOVASCULAR DISEASE		2 yrs.	
DUE TO (c) CEREBRAL VASCULAR ACCIDENT				1 month	
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 checked="" type="checkbox"/> NO <input 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? 443X	
22. I hereby certify that I attended the deceased from 3-21 , 1953, to 4-9 , 1953, that I last saw the deceased alive on 4-9 , 1953, and that death occurred at 12:25 a. m. , from the causes and on the date stated above.					
23a. SIGNATURE FR Bradley		(Degree or title) M.D.		23b. ADDRESS BARNES HOSPITAL	
23c. DATE SIGNED 4-9-53		24a. BURIAL, CREMATION, REMOVAL (Specify) REMOVAL		24b. DATE 4-14-53	
24c. NAME OF CEMETERY OR CREMATORY WASHINGTON PK.		24d. LOCATION (City, town, or county) (State) St. Louis County MO		25. FUNERAL DIRECTOR'S SIGNATURE PRICE	
DATE REC'D BY LOCAL REG. APR 14 1953		REGISTRAR'S SIGNATURE J. Carl Smith		ADDRESS 2829 WASHINGTON	

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.....
Signature of Student Embalmer

Signed.....
Licensed Embalmer No. 444
P. O. Address 2829 Pa

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 embalmed by a STUDENT, he also shall sign in his OWN handwriting.
If this body is not embalmed, fact should be so stated above.