

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

State File No. **26949**  
**6138**  
Registrar's No. \_\_\_\_\_

LED JUL 31 1953

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 <b>Missouri</b> b. COUNTY				
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <b>St. Louis</b>		c. LENGTH OF STAY (in this place) <b>36 yrs</b>		c. CITY OR TOWN <b>St. Louis</b>		
d. FULL NAME OF HOSPITAL OR INSTITUTION <b>Homer G. Phillips Hosp</b>		e. STREET ADDRESS (If rural, give location) <b>3017a LaSalle St</b> <b>21870</b>				
3. NAME OF DECEASED (Type or Print) <b>MACK</b>			a. (First) <b>TAYLOR</b>		b. (Middle)	
c. (Last)			4. DATE OF DEATH (Month) (Day) (Year) <b>June 13, 1953</b>			
5. SEX <b>Male</b>		6. COLOR OR RACE <b>Col</b>		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <b>Married</b>		
8. DATE OF BIRTH <b>Sept. 12, 1904</b>		9. AGE (In years last birthday) <b>48</b>		10. IF UNDER 1 YEAR Months Days IF UNDER 2 HRS. Hours Min.		
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <b>Porter</b>		10b. KIND OF BUSINESS OR INDUSTRY <b>Century Electric</b>		11. BIRTHPLACE (City and State or Foreign Country) <b>Mississippi</b>		
12. CITIZEN OF WHAT COUNTRY?		13a. FATHER'S NAME <b>Unknown</b>		13b. MOTHER'S MAIDEN NAME <b>Unknown</b>		
14. NAME OF HUSBAND OR WIFE <b>Betty Taylor</b>		15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <b>Yes War I</b>		16. SOCIAL SECURITY NO. <b>497-16-1402</b>		
17. INFORMANT'S SIGNATURE OR NAME <b>Betty Taylor, 3017a LaSalle St</b>		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) <b>Compression fracture 4th dorsal with cord injury. Pyelonephritis, antecedent causes Morbid conditions, if any, give rise to the above cause (a) stating the underlying cause last. <b>admitted when deceased was injured when car he was operating</b></b> DUE TO (c) <b>struck and ran off highway struck a pole about 8:00</b> II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition leading to death.		
19a. DATE OF OPERATION		19b. FINDINGS OF OPERATION <b>March 14, 1953 on Highway # 3 near Anna Ill. Accident</b>		20. AUTOPSY? YES <input checked="" type="checkbox"/> NO <input type="checkbox"/>		
21a. ACCIDENT (Specify) <b>Accident</b>		21b. PLACE OF INJURY (e.g., in or about home, farm, store, street, office bldg., etc.) <b>Highway</b>		21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE) <b>near Anna Ill.</b>		
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) <b>Mar 14 53 8:00 P.M.</b>		21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21f. HOW DID INJURY OCCUR? <b>812 E8234</b>		
22. I hereby certify that I attended the deceased from <b>12</b> , to _____, 19____, that I last saw the deceased alive on _____, 19____, and that death occurred at <b>11:45</b> a.m., from the causes and on the date stated above. <b>31</b>						
23a. SIGNATURE <b>Joseph M. Green</b>		23b. ADDRESS <b>1300 Clark</b>		23c. DATE SIGNED <b>6/18/53</b>		
24a. BURIAL, CREMATION, REMOVAL (Specify) <b>Burial</b>		24b. DATE <b>6/20/53</b>		24c. NAME OF CEMETERY OR CREMATORY <b>Greenwood</b>		
24d. LOCATION (City, town, or county) (State) <b>St. Louis County, Mo</b>		25. FUNERAL DIRECTOR'S SIGNATURE <b>R. M. C. Green</b>		ADDRESS <b>4060 Washington Ave</b>		
DATE REC'D BY LOCAL REG. <b>JUN 19 1953</b>		REGISTRAR'S SIGNATURE <b>J. Carl Smith MD</b>		H.T. (Licensed Embalmer's Statement on Reverse Side)		

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

241  
0

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 *Melvin E. Lee* .....

Licensed Embalmer No. *442* .....

P. O. Address *St. Louis* .....

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.