

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

36917

State File No. ....

300  
48

FILED OCT 19 1953

BIRTH NO. _____		REG. DIST. NO. <u>310</u>		PRIMARY REG. DIST. NO. <u>3058</u>		Registrar's No. <u>220</u>	
1. PLACE OF DEATH a. COUNTY <u>St. Charles</u>				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before death) a. STATE <u>Mo.</u> b. COUNTY <u>St. Charles</u>			
b. CITY (If outside corporate limits, write RURAL and give OR TOWN <u>St. Charles</u> )		c. LENGTH OF STAY (in this place) _____		c. CITY (If outside corporate limits, write RURAL and give township) <u>St. Charles</u>		0923	
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>1020-PINE ST.</u>				d. STREET ADDRESS (If rural, give location) <u>1020 Pine St.</u>			
3. NAME OF DECEASED (Type or Print) a. (First) <u>Grant</u>			b. (Middle) <u>-----</u>		c. (Last) <u>Taylor</u>		4. DATE OF DEATH (Month) (Day) (Year) <u>Oct. 10 1953</u>
5. SEX <u>male</u>	6. COLOR OR RACE <u>negro</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>single</u>		8. DATE OF BIRTH <u>Sept. 5 1899</u>	9. AGE (To years last birthday) <u>54</u>	IF UNDER 1 YEAR Months <u>11</u> Days <u>5</u>	IF UNDER 1 HR. Hours <u>---</u> Min. <u>---</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>Lindewood College</u>		11. BIRTHPLACE (State or foreign country) <u>Wentzville Mo.</u>		12. CITIZEN OF WHAT COUNTRY? <u>USA</u>	
13a. FATHER'S NAME <u>Henry Taylor</u>			13b. MOTHER'S MAIDEN NAME <u>Williams</u>		14. NAME OF HUSBAND OR WIFE <u>-----</u>		
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown) <u>no</u>		16. SOCIAL SECURITY (If yes, give war or dates of service) <u>no</u>		17. INFORMANT'S SIGNATURE OR NAME ADDRESS <u>Chas. Williams Wentzville Mo.</u>			
18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c))				MEDICAL CERTIFICATION			INTERVAL BETWEEN ONSET AND DEATH
1. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>cerebral hemorrhage</u>				ANTECEDENT CAUSES DUE TO (b) <u>gen. arteriosclerosis</u>			<u>4 days</u>
*This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.				Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.			<u>2 yrs</u>
II. OTHER SIGNIFICANT CONDITIONS				DUE TO (c) <u>SYPHILIS</u>			<u>2 yrs</u>
Conditions contributing to the death but not related to the disease or condition causing death.							
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION <u>331XB</u>				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) m.		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 <u>9-30-53</u> , to <u>10-11-53</u> , that I last saw the deceased alive on <u>10-11-1953</u> , and that death occurred at <u>9:45 pm.</u> , from the causes and on the date stated above.							
23a. SIGNATURE <u>Frank M.D.</u> (Degree or title)				23b. ADDRESS <u>St. Charles, Mo.</u>		23c. DATE SIGNED <u>Oct 14 1953</u>	
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>		24b. DATE <u>10-14-53</u>		24c. NAME OF CEMETERY OR CREMATORY <u>AME Wentzville Cem.</u>		24d. LOCATION (City, town, or county) (State) <u>Wentzville Mo.</u>	
DATE REC'D BY LOCAL REG. <u>Oct 15 1953</u>		REGISTRAR'S SIGNATURE <u>James Hamilton</u>		25. FUNERAL DIRECTOR'S SIGNATURE <u>Ed Keathly</u>		ADDRESS <u>O'Fallon Mo.</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 *E. A. Keithly*

Licensed Embalmer No. 822

P. O. Address O'Fallon 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.