

**THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH**

41256

State File No. _____

10269

V. S. No. 300
Rev. 10-48

FILED NOV 19 1953

BIRTH NO. _____		REG. DIST. NO. 318	PRIMARY REG. DIST. NO. 1003	Registrar's No. 10269
1. PLACE OF DEATH a. COUNTY _____		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE Mo b. COUNTY _____		
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN St. Louis, Missouri		c. CITY OR TOWN St. Louis	d. Is Residence within limits of a city or incorporated town? Yes <input type="checkbox"/> No <input type="checkbox"/>	
d. FULL NAME OF HOSPITAL OR INSTITUTION St. Louis City Hospital		e. STREET ADDRESS (If rural, give location) 19 4471 Olive 2199		
3. NAME OF DECEASED (Type or Print) NOLA		a. (First) _____	b. (Middle) _____	c. (Last) TAYLOR
5. SEX Female		6. COLOR OR RACE White		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Married
8. DATE OF BIRTH July 3, 1903		9. AGE (In years last birthday) 50		10. MONTHS 3
11. BIRTHPLACE (City and State or Foreign Country) Peruville Mo		12. CITIZEN OF WHAT COUNTRY? U.S.		13. DAYS 4
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Housewife		10b. KIND OF BUSINESS OR INDUSTRY _____		14. DATE OF DEATH (Month) (Day) (Year) OCTOBER 27, 1953
13a. FATHER'S NAME John Layton		13b. MOTHER'S MAIDEN NAME Kaissa Hugel		14. NAME OF HUSBAND OR WIFE Charles Taylor
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) No		16. SOCIAL SECURITY NO. 498-09-1375		17. INFORMANT'S SIGNATURE OR NAME Charles Taylor
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, ashenia, etc. It means the disease, injury, or complication which caused death.		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Adenocarcinoma carcinoma of endometrium Antecedent Causes metastases to vagina & plevier Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DU TO (b) _____ DU TO (c) _____		18. ADDRESS _____
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. Phrosis		19a. DATE OF OPERATION _____		19b. MAJOR FINDINGS OF OPERATION _____
21a. ACCIDENT SUICIDE HOMICIDE (Specify) _____		21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) _____		20. AUTOPSY? YES <input checked="" type="checkbox"/> NO <input type="checkbox"/>
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) _____		21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE) _____
21f. HOW DID INJURY OCCUR? _____		22. I hereby certify that I attended the deceased from 10-25-53 19 , to 10-27-53 , 19 , that I last saw the deceased alive on 10-27-53 , 19 , and that death occurred at 12:15P m., from the causes and on the date stated above.		
23a. SIGNATURE Fred Rawlins M.D. (Degree or title)		23b. ADDRESS 1515 Lafayette Avenue		23c. DATE SIGNED 10-27-53
24a. BURIAL, CREMATION, REMOVAL (Specify) Burial		24b. DATE Oct 30		24c. NAME OF CEMETERY OR CREMATORY Lake Charles Bur
24d. LOCATION (City, town, or county) (State) St Louis County, Mo		25. FUNERAL DIRECTOR'S SIGNATURE Gray Mullers 5041 Delmar		
DATE RECD BY LOCAL REG. OCT 29 1953		REGISTRAR'S SIGNATURE J. Earl Smith MD		ADDRESS _____

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.....
Signature of Student Embalmer

Signed.....

J. Allen Davis Jr.

Licensed Embalmer No. *4853*

P. O. Address *St. Louis 9 Mo.*

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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.