

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

3338

FILED FEB 5 1954

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

State File No. _____ Registrar's No. 0538

1. PLACE OF DEATH				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).			
a. COUNTY <u>St. Louis</u>		b. CITY (If outside corporate limits, write RURAL and give township) <u>St. Louis</u>		a. STATE <u>Missouri</u>		b. COUNTY <u>St. Louis</u>	
c. LENGTH OF STAY (in this place)		c. CITY (If outside corporate limits, write RURAL and give township) <u>4071</u>		d. STREET ADDRESS (If rural, give location) <u>Berkeley, - St. Louis Co.</u>		TOWN <u>5940 Stoneham Drive</u>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>Washington University Clinics</u>				4. DATE OF DEATH (Month) (Day) (Year) <u>January 14 1954</u>			
3. NAME OF DECEASED (Type or Print)		a. (First) <u>Charles</u>		b. (Middle) <u>Wallace</u>		c. (Last) <u>Taylor</u>	
5. SEX <u>male</u>	6. COLOR OR RACE <u>white</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>never married</u>	8. DATE OF BIRTH <u>12-23-51</u>	9. AGE (In years last birthday) <u>2 yrs.</u>	IF UNDER 1 YEAR Months Days Hours Min.		IF UNDER 24 HRS. Hours Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)		10b. KIND OF BUSINESS OR INDUSTRY		11. BIRTHPLACE (State or foreign country) <u>St. Louis, Missouri</u>		12. CITIZEN OF WHAT COUNTRY?	
13a. FATHER'S NAME <u>David S. Taylor</u>		13b. MOTHER'S MAIDEN NAME <u>Martha McPherson</u>		14. NAME OF HUSBAND OR WIFE			
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <u>no</u>		16. SOCIAL SECURITY NO.		17. INFORMANT'S SIGNATURE OR NAME <u>David S. Taylor</u>		ADDRESS	
18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c)		MEDICAL CERTIFICATION				INTERVAL BETWEEN ONSET AND DEATH	
		I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>CONVULSION SEVERE</u>				<u>12 hr</u>	
		ANTECEDENT CAUSES					
		*This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.					
		DUE TO (b) <u>SEVERE CORTICAL ATROPHY</u>				<u>2 yr</u>	
		DUE TO (c) <u>BIRTH INJURY</u>					
		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? <u>355X</u>			
22. I hereby certify that I attended the deceased from <u>Jan 12</u> , 19 <u>54</u> , to <u>Jan</u> , 19 <u>54</u> , that I last saw the deceased alive on <u>Jan 12</u> , 19 <u>54</u> , and that death occurred at <u>11:45</u> A. M., from the causes and on the date stated above.							
23a. SIGNATURE (Degree or title) <u>Ken H. Arabian M.D.</u>				23b. ADDRESS <u>8200 North Broadway</u>		23c. DATE SIGNED <u>16 Jan 54</u>	
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>		24b. DATE <u>Jan 16 1954</u>		24c. NAME OF CEMETERY OR CREMATORY <u>Cemetery Valhalla</u>		24d. LOCATION (City, town, or county) (State) <u>St. Louis Co.</u>	
DATE REC'D BY LOCAL REG. <u>JAN 19 1954</u>		REGISTRAR'S SIGNATURE <u>Carl Smith</u>		25. FUNERAL DIRECTOR'S SIGNATURE <u>Paul Hummel</u>		ADDRESS <u>St. Charles, 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 Plerene M. Billo

Licensed Embalmer No. 4375

P. O. Address St. Charles 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.