

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

State File No. **10820**

BIRTH NO. **FILED APR 7 1954** REG. DIST. NO. **317** PRIMARY REG. DIST. NO. **500** Registrar's No. **685**

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|--|--|---|--|
| 1. PLACE OF DEATH a. COUNTY St. Louis, Mo | | 2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE Missouri b. COUNTY St. Louis | |
| b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Rural: Airport Township, Mo. | | c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN North Woods 150 | |
| c. LENGTH OF STAY (in this place) 2 yrs. | | d. STREET ADDRESS (If rural, give location) 4419 Nelson Drive | |
| d. FULL NAME OF HOSPITAL OR INSTITUTION Jewish Sanatorium | | | |

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|---|--|--|---|---|--|
| 3. NAME OF DECEASED (Type or Print) a. (First) CARL b. (Middle) E. c. (Last) TAPLIN | | | 4. DATE OF DEATH (Month) (Day) (Year) March 17 1954 | | |
| 5. SEX Male | | 6. COLOR OR RACE White | | 7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Married | |
| 8. DATE OF BIRTH 12-26-1893 | | 9. AGE (In years last birthday) 60 | | 10. YEAR OF UNDER 1 YEAR OF UNDER 1 HR. (Days) (Hours) (Min.) | |
| 10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Office clerk | | 10b. KIND OF BUSINESS OR INDUSTRY Hardware Co | | 11. BIRTHPLACE (State or foreign country) St. Louis, Missouri | |
| 12. CITIZEN OF WHAT COUNTRY? USA | | | | | |

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|--|--|---|--|---|--|
| 13a. FATHER'S NAME William Taplin | | 13b. MOTHER'S MAIDEN NAME Jessie McCormack | | 14. NAME OF HUSBAND OR WIFE Nancy Taplin | |
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|---|--|--|--|---|--|
| 15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) No | | 16. SOCIAL SECURITY NO. 492-03-7112 | | 17. INFORMANT'S SIGNATURE OR NAME ADDRESS Mrs. Nancy Taplin, 4419 Nelson Dr. | |
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| 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. | | MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Cerebral hemorrhage ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) Hypertension DUE TO (c) Thromboplegia | | | INTERVAL BETWEEN ONSET AND DEATH 1 1/2 day Several years 3 years |
| II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. | | | | | |

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|------------------------|--|----------------------------------|--|--|--|
| 19a. DATE OF OPERATION | | 19b. MAJOR FINDINGS OF OPERATION | | 20. AUTOPSY? 334X YES <input type="checkbox"/> NO <input type="checkbox"/> | |
|------------------------|--|----------------------------------|--|--|--|

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|--|--|--|--|---|--|
| 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? | |

22. I hereby certify that I attended the deceased from **December 10, 1951**, to **March 17, 1954**, that I last saw the deceased alive on **March 17, 1954**, and that death occurred at **12:30 p.m.**, from the causes and on the date stated above.

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|--|--|-----------------------------------|--|---------------------------------|--|
| 23a. SIGNATURE (Degree or title) Gray U. Steinberg M.D. | | 23b. ADDRESS 462 No Taylor | | 23c. DATE SIGNED 3/17/54 | |
|--|--|-----------------------------------|--|---------------------------------|--|

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|--|--|--------------------------|--|---|--|
| 24a. BURIAL, CREMATION, REMOVAL (Specify) Removal | | 24b. DATE 3/19/54 | | 24c. NAME OF CEMETERY OR CREMATORY Memorial Park Cemetery | |
| | | | | 24d. LOCATION (City, town, or county) (State) St. Louis County Mo. | |

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|---|--|--|--|--|--|
| DATE REC'D BY LOCAL REG. 3/19/54 | | REGISTRAR'S SIGNATURE Heckard R. Amberg | | 25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS Drehmann-Harral 1905 Union Blvd. | |
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WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

No. 300
10-48

THE BOARD OF HEALTH OF ALABAMA

4627 N. Bayless
LIV 6723
Mrs. Frank Steinberg

Wed 8:30 - Burial
Thur - 11:00 - 1:30
Sund. Burial

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 *Albert R. Thompson*

Licensed Embalmer No. *42 157*

P. O. Address *R. Sois*

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.