

FILED OCT 4 1954

STANDARD CERTIFICATE OF DEATH

32264

State File No.

BIRTH NO. 66059-54 REG. DIST. NO. 318 PRIMARY REG. DIST. NO. 1003 Registrar's No. 8121

1. PLACE OF DEATH a. COUNTY		2. USUAL RESIDENCE (Where deceased lived. If institution, residence before admission). a. STATE <u>MO.</u> b. COUNTY <u>St. Louis</u>	
b. CITY OR TOWN <u>St. Louis</u>		c. CITY OR TOWN <u>Richmond Heights</u>	
c. LENGTH OF STAY (In this place)		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. <u>St. Lukes Hospital</u>		e. STREET ADDRESS (If rural, give location) <u>9019 Cager Road</u>	

3. NAME OF DECEASED (Type or Print) <u>INFANT TAYLOR</u>			4. DATE OF DEATH <u>AUGUST 8-1954</u>		
5. SEX <u>MALE</u>		6. COLOR OR RACE <u>WHITE</u>		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>SINGLE</u>	
8. DATE OF BIRTH <u>AUGUST 7-1954</u>		9. AGE (In years last birthday) <u>1</u> Months <u>4</u> Days <u>1</u> Hours <u>4</u> Min.		10. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)	
11. BIRTHPLACE (City and State or Foreign Country) <u>St. Louis, MO.</u>		12. CITIZEN OF WHAT COUNTRY?			

13a. FATHER'S NAME <u>WALTER J. TAYLOR</u>		13b. MOTHER'S MAIDEN NAME <u>PATRICIA MINOR</u>		14. NAME OF HUSBAND OR WIFE	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown)		16. SOCIAL SECURITY NO.		17. INFORMANT'S SIGNATURE OR NAME <u>WALTER J. TAYLOR - Above</u>	

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.	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Intra cranial hemorrhage</u>		INTERVAL BETWEEN ONSET AND DEATH <u>1d 4hrs.</u>
	ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <u>Probably birth injury</u>		
	DUE TO (c)		
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)		21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21f. HOW DID INJURY OCCUR? <u>7600</u>	

22. I hereby certify that I attended the deceased from 8-7, 1954, to 8-8, 1954, that I last saw the deceased alive on 8-8, 1954, and that death occurred at 5000 ft. from the causes and on the date stated above.

23a. SIGNATURE (Degree or title) <u>Ray H. Boudreant M.D.</u>		23b. ADDRESS <u>8230 Foyich</u>		23c. DATE SIGNED <u>8-25-54</u>	
24a. BURIAL, CREMATION, REMOVAL (Specify)		24b. DATE <u>9-30-54</u>		24c. NAME OF CEMETERY OR CREMATORY <u>Anatomical Boars</u>	
				24d. LOCATION (City, town, or county) (State) <u>St. Louis, Mo.</u>	

DATE REC'D BY LOCAL REG. <u>SEP 3 1954</u>		REGISTRAR'S SIGNATURE <u>Carl Smith MO</u>		25. FUNERAL DIRECTOR'S SIGNATURE <u>Rowland-Aker Mortuary Service</u>	
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WRITE PLAINLY—USING UNFAADING 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.....

Licensed Embalmer No.....

P. O. Address.....

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.