

FILED SEP 21 1954

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

State File No. 32265

BIRTH NO. \_\_\_\_\_ REG. DIST. NO. 318 PRIMARY REG. DIST. NO. 1003 Registrar's No. 8500

1. PLACE OF DEATH a. COUNTY		2. USUAL RESIDENCE (Where deceased lived. If institution, residence before admission). a. STATE Missouri		b. COUNTY	
b. CITY (If outside corporate limits, write RURAL and give township) St Louis		c. CITY OR TOWN St Louis		d. In Residence within limits of a city or incorporated town? Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	
c. LENGTH OF STAY (In this place) 18 yrs		e. STREET ADDRESS (If rural, give location) 5793 Westminster		2nd fl	
d. FULL NAME OF HOSPITAL OR INSTITUTION					

3. NAME OF DECEASED (Type or Print) a. (First) Elizabeth b. (Middle) Betty c. (Last) Taylor		4. DATE OF DEATH (Month) (Day) (Year) Sept. 16, 54	
5. SEX F	6. COLOR OR RACE Negro	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Widowed	8. DATE OF BIRTH April 5, 1887
9. AGE (In years last birthday) 67		10. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Housekeeper	
11. BIRTHPLACE (City and State or Foreign Country) Arrow Rock Missouri		12. CITIZEN OF WHAT COUNTRY U.S.A.	

13a. FATHER'S NAME Zack Bush		13b. MOTHER'S MAIDEN NAME Drucilla Brown		14. NAME OF HUSBAND OR WIFE	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) No		16. SOCIAL SECURITY NO.		17. INFORMANT'S SIGNATURE OR NAME Edward H. Taylor	
				ADDRESS St Louis, Mo	

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, asthma, etc. It means the disease, injury, or complication which caused death.		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Urgina pectoris</u>		INTERVAL BETWEEN ONSET AND DEATH 2 yrs	
ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.		DUE TO (b) <u>Hypertension</u>		2 yrs	
		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 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)		21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21f. HOW DID INJURY OCCUR? 4202	

22. I, hereby certify that I attended the deceased from 23 Jan., 1953 to Sept 16, 1954, that I last saw the deceased alive on 14 Sept., 1954 and that death occurred at 6:45 A.M., from the causes and on the date stated above.

23a. SIGNATURE <u>G. J. Green M.D.</u>		(Degree or title)		23b. ADDRESS <u>4730A Page Blvd</u>		23c. DATE SIGNED <u>16 Sept 54</u>	
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>		24b. DATE <u>9-16-54</u>		24c. NAME OF CEMETERY OR CREMATORY <u>Sappington</u>		24d. LOCATION (City, town, or county) (State) <u>Arrow Rock Missouri</u>	
DATE REC'D BY LOCAL REG. SEP 16 1954		REGISTRAR'S SIGNATURE <u>J. Carl Smith M.D.</u>		25. FUNERAL DIRECTOR'S SIGNATURE <u>George H. Green</u>		ADDRESS <u>Quincy, Mo</u>	

(Licensed Embalmer's Statement on Reverse Side)

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**STATEMENT BY LICENSED EMBALMER**

I hereby certify that the body whose name is recorded on the reverse side of this certificate was

by me, or by \_\_\_\_\_, Student Embalmer No. ....

working under my personal supervision..

Student.....  
Signature of Student Embalmer

Signed *George Green*.....

Licensed Embalmer No. ....

P. O. Address *Musk*.....

Note: The above **MUST BE SIGNED BY THE LICENSED EMBALMER** in his OWN HANDWRITING 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.