

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

FILED NOV. 22 1954

State File No. 39290

BIRTH NO. _____ REG. DIST. NO. 318 PRIMARY REG. DIST. NO. 1003 Registrar's No. 9110

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 (If outside corporate limits, write RURAL and give township) OR TOWN <u>St. Louis Mo</u>		c. CITY OR TOWN <u>Des Peres Mo 4108</u>	
c. LENGTH OF STAY (In this place) <u>3 days</u>		d. Is Residence within limits of city or incorporated town? <input type="checkbox"/> No <input type="checkbox"/> Yes	
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>Incarnate Word Hosp</u>			
e. STREET ADDRESS (If rural, give location) <u>11924 Manchester Rd</u>			

3. NAME OF DECEASED (Type or Print)	a. (First) <u>CARRIE</u>	b. (Middle) <u>VAUGHN</u>	c. (Last) <u>TAYLOR</u>	4. DATE OF DEATH (Month) (Day) (Year) <u>Oct 7 1954</u>
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5. SEX <u>F</u>	6. COLOR OR RACE <u>W</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Widowed</u>	8. DATE OF BIRTH <u>Nov 11 - 1870</u>	9. AGE (In years last birthday) <u>83</u>	IF UNDER 1 YEAR Days <u>10</u>	IF UNDER 24 HRS. Hours <u>26</u> Mins.
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10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Housewife</u>	10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (City and State or Foreign Country) <u>St. Louis, Mo</u>	12. CITIZEN OF WHAT COUNTRY? <u>U.S.A.</u>
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13a. FATHER'S NAME <u>Unknown</u>	13b. MOTHER'S MAIDEN NAME <u>Sarah Ritter</u>	14. NAME OF HUSBAND OR WIFE <u>Robt Taylor</u>
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15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <u>No</u>	16. SOCIAL SECURITY NO. <u>None</u>	17. INFORMANT'S SIGNATURE OR NAME <u>South Westlander</u>	ADDRESS <u>11924 Manchester Rd</u>
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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, asthma, etc. It means the disease, injury, or complication which caused death.	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Cardiac Decomposition.</u>		INTERVAL BETWEEN ONSET AND DEATH <u>2 1/2</u>
	ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <u>Arteriosclerotic H.D.</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 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)
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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>4200</u>
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22. I hereby certify that I attended the deceased from Aug 24, 1954 to 10/7; 1954 that I last saw the deceased alive on 10/6, 1954, and that death occurred at 6:27 p.m., from the causes and on the date stated above.

23a. SIGNATURE (Degree or title) <u>Dr. H. H. ...</u>	23b. ADDRESS <u>2876 ...</u>	23c. DATE SIGNED <u>10/7/54</u>
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24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Removal</u>	24b. DATE <u>Oct 9 1954</u>	24c. NAME OF CEMETERY OR CREMATORY <u>ZIONS CEM.</u>	24d. LOCATION (City, town, or county) (State) <u>St. Louis City Mo</u>
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DATE REC'D BY LOCAL REG. <u>OCT 7 1954</u>	REGISTRAR'S SIGNATURE <u>Carl Smith</u>	25. FUNERAL DIRECTOR'S SIGNATURE <u>W. H. ...</u>	ADDRESS <u>6536 Olive St. Rd</u>
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(Licensed Embalmer's Statement on Reverse Side)

WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

Rice St. 17 Mo

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 *Robert M. Murray*

Licensed Embalmer No. *3749*

P. O. Address *St. Louis*

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.