

FILED DEC 16 1954

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

42866

State File No. 10463

BIRTH NO. _____		REG. DIST. 318		PRIMARY REG. DIST. NO. 1003		Registrar's No. 10463	
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) OR TOWN St. Louis, Mo.		c. LENGTH OF STAY (in this place) DOA		c. CITY OR TOWN St. Louis,		d. Is Residence within limits of a city or incorporated town? Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	
d. FULL NAME OF HOSPITAL OR INSTITUTION Enroute City Hospital				f. STREET ADDRESS (If rural, give location) 26 1817a Cass 2269			
3. NAME OF DECEASED (Type or Print) a. (First) George b. (Middle) W. c. (Last) Taylor			4. DATE OF DEATH (Month) (Day) (Year) Nov. 15, 1954				
5. SEX <input checked="" type="radio"/> Male <input type="radio"/> Female	6. COLOR OR RACE White	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Widower		8. DATE OF BIRTH 2 Dec. 12, 1885	9. AGE (In years last birthday) 68	IF UNDER 1 YEAR Months _____ Days _____	IF UNDER 14 HRS. Hours _____ Min. _____
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Night Watchman		10b. KIND OF BUSINESS OR INDUSTRY Superior Service Co.		11. BIRTHPLACE (City and State or Foreign Country) Kentucky		12. CITIZEN OF WHAT COUNTRY? U.S.A.	
13a. FATHER'S NAME Unknown			13b. MOTHER'S MAIDEN NAME Unknown		14. NAME OF HUSBAND OR WIFE Pearl Taylor		
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give year or dates of service) No. Nil.		16. SOCIAL SECURITY NO. _____		17. INFORMANT'S SIGNATURE OR NAME Mary Cleaver, 4916 Emily ADDRESS _____			
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, ashenia, etc. It means the disease, injury, or complication which caused death.		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Carbon Monoxide Poisoning when found dead in room at (b) 1817 Cass Ave., about 915 pm May 15, 1954. Having been overcome by fumes from circulating gas heater without vent attached. II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death by not related to the disease or condition causing death.				INTERVAL BETWEEN ONSET AND DEATH _____	
19a. DATE OF OPERATION _____		19b. MAJOR FINDINGS OF OPERATION Accident				20. AUTOPSY? YES <input checked="" type="checkbox"/> NO <input type="checkbox"/>	
21a. ACCIDENT (Specify) Accident		21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) Home		21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE) St. Louis Mo Mo			
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) Nov 15 549 p.m.		21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21f. HOW DID INJURY OCCUR? E8900			
22. I hereby certify that I attended the deceased from _____, 19 19 , to _____, 19 _____, that I last saw the deceased alive on _____, 19 _____, and that death occurred at 1010 p.m., from the causes and on the date stated above. 14							
23a. SIGNATURE Taylor Carver (Degree or title) _____				23b. ADDRESS 1300 Clark		23c. DATE SIGNED 11-17-54	
24a. BURIAL, CREMATION, REMOVAL (Specify) Removal		24b. DATE 11-18-54		24c. NAME OF CEMETERY OR CREMATORY Local		24d. LOCATION (City, town, or county) (State) North Cairo, Illinois	
DATE REC'D BY LOCAL REG. NOV 17 1954		REGISTRAR'S SIGNATURE J. Earl Smith, M.D.		25. FUNERAL DIRECTOR'S SIGNATURE Albert H. Hoppe ADDRESS 4700 Washington.			

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.....
Signature of Student Embalmer

Signed..... *G. W. Wilkins*

Licensed Embalmer No. *35*

P. O. Address *M. Lou*

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.