

FILED APR 27 1955

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 14150

BIRTH NO. _____ REG. DIST. NO. 317 PRIMARY REG. DIST. NO. 541 Registrar's No. 865

1. PLACE OF DEATH a. COUNTY <u>St. Louis</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission.) a. STATE <u>Missouri</u> b. COUNTY <u>St. Louis</u>	
b. CITY OR TOWN <u>Clayton</u>		c. CITY OR TOWN <u>Riverview District</u>	
c. LENGTH OF STAY (in this place) <u>2 weeks</u>		d. 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 <u>St. Louis County Hospital</u>		STREET ADDRESS (If rural, give location) <u>629 Leeton Street</u>	

3. NAME OF DECEASED (Type or Print) a. (First) <u>WALTER</u> b. (Middle) _____ c. (Last) <u>TAYLOR</u>			4. DATE OF DEATH (Month) (Day) (Year) <u>APRIL 11, 1955</u>		
5. SEX <u>Male</u>	6. COLOR OR RACE <u>Colored</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Widowed</u>	8. DATE OF BIRTH <u>10-2-1866</u>	9. AGE (In years last birthday) <u>88</u>	10. IF UNDER 1 YEAR Days _____
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Laborer</u>		10b. KIND OF BUSINESS OR INDUSTRY <u>None</u>		11. BIRTHPLACE (City and State or Foreign Country) <u>Missouri</u>	
13a. FATHER'S NAME <u>Unknown</u>			13b. MOTHER'S MAIDEN NAME <u>Ellen Taylor</u>		14. NAME OF HUSBAND OR WIFE <u>None</u>

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <u>No</u>	16. SOCIAL SECURITY NO. <u>4018</u>	17. INFORMANT'S SIGNATURE OR NAME <u>Mary Walker</u>		ADDRESS <u>629 Leeton Street</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, asthma, etc. It means the disease, injury, or complication which caused death.	MEDICAL CERTIFICATION			INTERVAL BETWEEN ONSET AND DEATH <u>23 days</u>
	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Inter cerebral Hemorrhage</u>			? duration
	ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <u>Arteriosclerotic Heart Disease</u> DUE TO (c) <u>Bronchiectasis Rt Lung</u>			
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? _____

22. I hereby certify that I attended the deceased from 3-19-1955, to 4-11-1955, that I last saw the deceased alive on 4-11-1955, and that death occurred at 6:35 a.m., from the causes and on the date stated above.

23a. SIGNATURE (Degree or title) <u>Richard J. King M.D.</u>	23b. ADDRESS <u>601 S. Brentwood, Clayton, Mo.</u>	23c. DATE SIGNED <u>4-11-55</u>
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>	24b. DATE <u>4-16-55</u>	24c. NAME OF CEMETERY OR CREMATORY <u>Washington Park</u>
		24d. LOCATION (City, town, or county) (State) <u>St. Louis County, Missouri</u>

DATE REC'D BY LOCAL REG. <u>4/14/55</u>	REGISTRAR'S SIGNATURE <u>Heather K. Romberg</u>	25. FUNERAL DIRECTOR'S SIGNATURE <u>Ellis Funeral Home, Inc.</u>	ADDRESS <u>2820 Stoddard St.</u>
---	---	--	----------------------------------

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 *Fulton E. Culkin*

Licensed Embalmer No. *419*
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.