

FILED MAY 25 1955

State File No.

BIRTH NO. 33102-55 REG. DIST. NO. 318 PRIMARY REG. DIST. NO. 1003 Registrar's No. 4173

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

1. PLACE OF DEATH a. COUNTY		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).	
b. CITY (If outside corporate limits, write RURAL and give township) <u>St Louis Mo</u>		c. CITY OR TOWN <u>St Louis</u>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>St Marys Infirmary</u>		e. STREET ADDRESS (If rural, give location) <u>1319 North Sarah</u>	
3. NAME OF DECEASED (Type or Print)		4. DATE OF DEATH	
a. (First) <u>Mary</u>		b. (Middle)	
c. (Last) <u>Taylor</u>		Month (Day) (Year) <u>4-25-55</u>	
5. SEX <u>Female</u>	6. COLOR OR RACE <u>Nepo</u>	8. DATE OF BIRTH <u>4-25-55</u>	9. AGE (In years last birthday)
10a. 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>	
10b. KIND OF BUSINESS OR INDUSTRY		12. CITIZEN OF WHAT COUNTRY	
13a. FATHER'S NAME <u>Lawrence Taylor</u>		13b. MOTHER'S MAIDEN NAME <u>Anna Fenner</u>	
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)	
16. SOCIAL SECURITY NO.		17. INFORMANT'S SIGNATURE OR NAME <u>Anna Taylor</u>	
18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c)		ADDRESS <u>1319 N. Sarah St Louis Mo</u>	
1. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a)		INTERVAL BETWEEN ONSET AND DEATH	
2. ANTECEDENT CAUSES		DUE TO (b)	
3. DUE TO (c)		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? <u>776X</u>		22. I hereby certify that I attended the deceased from <u>6:19 PM</u> , 19 <u>55</u> , to <u>9:35 P.M. 4-25-55</u> , that I last saw the deceased alive on <u>4-25</u> , 19 <u>55</u> , and that death occurred at <u>9:35 P.M.</u> , from the causes and on the date stated above.	
23. SIGNATURE (Degree or title) <u>C.A. Hancock M.D.</u>		23b. ADDRESS <u>360 A So. 15th St St Louis Mo</u>	
23c. DATE SIGNED <u>4/26/55</u>		24a. BURIAL, CREMATION, REMOVAL (Specify)	
24b. DATE <u>5-3-55</u>		24c. NAME OF CEMETERY OR CREMATORY <u>Anatomical Board</u>	
24d. LOCATION (City, town, or county) (State) <u>St. Louis, Mo.</u>		25. FUNERAL DIRECTOR'S SIGNATURE <u>Edward Baker Mortuary Service</u>	
25. DATE REC'D BY LOCAL REG. <u>MAY 11 1955</u>		25. ADDRESS <u>4104 Manchester Ave. St. Louis 10, Mo.</u>	
REGISTRAR'S SIGNATURE <u>J. Carl Smith M.D.</u>		25. (Licensed Embalmer's Statement on Reverse)	

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.