

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

28221
6849

FILED SEP 9 1955

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1003

State File No.

Registrar's No.

1. PLACE OF DEATH a. COUNTY		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before institution). a. STATE Missouri				b. COUNTY Howe			
b. CITY (If outside corporate limits, write RURAL and give town or city) St. Louis		c. LENGTH OF STAY (in this place) 5 days		c. CITY OR TOWN Bellefontaine Mbrs.		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 DePaul Hospital				STREET ADDRESS (If rural, give location) 10273 Coburgland Drive (15)					
3. NAME OF DECEASED (Type or Print) BERTHA			a. (First)		b. (Middle)		c. (Last) TAYLOR		
4. DATE OF DEATH Aug. 5 1955		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED Married		8. DATE OF BIRTH May 6, 1909		9. AGE (In years last birthday) 46		IF UNDER 1 YEAR Months Days	
5. SEX Female		6. COLOR OR RACE White		10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Inspector		10b. KIND OF BUSINESS OR INDUSTRY Electric DUSTRY Jasper-Blackburn		11. BIRTHPLACE (City and State or Foreign Country) White Sands, Mississippi	
12. CITIZEN OF WHAT COUNTRY USA		13a. FATHER'S NAME John Ramshur		13b. MOTHER'S MAIDEN NAME Josephine Pinton		14. NAME OF HUSBAND OR WIFE Jacob E. Taylor			
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) NO		16. SOCIAL SECURITY NO. 497-18-3573		17. INFORMANT'S SIGNATURE OR NAME ADDRESS Mr. Jacob E Taylor 10273 Coburgld. Drive					
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, asthenia, etc. It means the disease, injury, or complication which caused death.		I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Blastoma multifforme ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) _____ DUE TO (c) _____						INTERVAL BETWEEN ONSET AND DEATH 7 mo.	
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION See (a) Pregnancy						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) m.		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 6:27 ¹⁹⁵⁵ to Aug 5, 1955, that I last saw the deceased alive on Aug 5, 1955, and that death occurred at 8:30 P. m., from the causes and on the date stated above.									
23a. SIGNATURE <i>Charles Justice D.</i>				(Degree or title)		23b. ADDRESS 6000 E. Flourissant		23c. DATE SIGNED 8/3-55	
24a. BURIAL, CREMATION, REMOVAL (Specify) Removal		24b. DATE 8-8-55		24c. NAME OF CEMETERY OR CREMATORY Memorial Park Cemetery		24d. LOCATION (City, town, or county) (State) St. Louis County, MO			
DATE REC'D BY LOCAL REG. AUG 6 1955		REGISTRAR'S SIGNATURE <i>J. Earl Smith Md</i> 4876			25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS SUEDMEYER & SON'S 3934 N. 20th Street				

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 *Melvin J. Kempe*.....

Licensed Embalmer No. *405*

P. O. Address *3505...
St. Louis 20, Mo.*

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.