

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. **38950**
10584

FILED DEC 12 1955

REG. DIST. NO. **318**

PRIMARY REG. DIST. NO. **1003**

Registrar's No. **10584**

1. PLACE OF DEATH a. COUNTY				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE Missouri COUNTY							
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN ST Louis Mo		c. LENGTH OF STAY (If in this state) 30 years		c. CITY OR TOWN St Louis MO.		d. Is Residence within limits of a city or incorporated town? Yes <input type="checkbox"/> No <input type="checkbox"/>					
d. FULL NAME OF HOSPITAL OR INSTITUTION 1437 a Biddle St. Home				e. STREET ADDRESS (If rural, give location) 25 1437 a. Biddle St. 22-70							
3. NAME OF DECEASED (Type or Print) a. (First) Jewel			b. (Middle)		c. (Last) Taylor		4. DATE OF DEATH (Month) (Day) (Year) 12 I 1955				
5. SEX Female	6. COLOR OR RACE Negro	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Widowed	8. DATE OF BIRTH 10 3 1869		9. AGE (In years last birthday) 86	IF UNDER 1 YEAR Months Days	IF UNDER 24 HRS. Hours Min.				
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) None			10b. KIND OF BUSINESS OR INDUSTRY		11. BIRTHPLACE (City and State or Foreign Country) Afton MO		12. CITIZEN OF WHAT COUNTRY? USA				
13a. FATHER'S NAME Joseph Bird.			13b. MOTHER'S MAIDEN NAME Lillie Bird.		14. NAME OF HUSBAND OR WIFE						
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, or unknown) No		16. SOCIAL SECURITY NO. None		17. INFORMANT'S SIGNATURE OR NAME Anderson Taylor ADDRESS 1437 a. Biddle St.							
18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c))				MEDICAL CERTIFICATION				INTERVAL BETWEEN ONSET AND DEATH			
<p>*This does not mean the mode of dying, such as heart failure, asphyxia, etc. It means the disease, injury, or complication which caused death.</p>				I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Cerebral Hemorrhage				12-1-55			
				ANTECEDENT CAUSES							
				Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) Hypertensive Cardiovascular Disease DUE TO (c)				1953			
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 440x						20. AUTOPSY? YES <input 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) (Min.)		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 11-1 1955 , to 12-1 1955 , that I last saw the deceased alive on 12-1 1955 , and that death occurred at 1:30A m. , from the causes and on the date stated above.											
23a. SIGNATURE (Degree or title) R. Sherard, M.D.				23b. ADDRESS 2702 Franklin		23c. DATE SIGNED 12-2-55					
24a. BURIAL, CREMATION, REMOVAL (Specify) Burial		24b. DATE 12 6 1955	24c. NAME OF CEMETERY OR CREMATORY Washington Park		24d. LOCATION (City, town, or county) (State) ST Louis County Mo.						
DATE REC'D BY LOCAL REG. DEC 3 1955		REGISTRAR'S SIGNATURE John W. Broom		25. FUNERAL DIRECTOR'S SIGNATURE John W. Broom		ADDRESS 2616 N Garrison st.					

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 *Leroy H. Gammeter*.....

Licensed Embalmer No. *452*

P. O. Address *3880 E. ...*

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.