

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

42688

FILED JAN 17 1956

State File No.

BIRTH NO. 96557-55 REG. DIST. NO. 318 PRIMARY REG. DIST. NO. 1003 Registrar's No. 11657

1. PLACE OF DEATH a. COUNTY		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>Missouri</u> b. COUNTY	
b. CITY OR TOWN <u>St Louis</u>	c. LENGTH OF STAY (in this place)	c. CITY OR TOWN <u>St Louis</u>	d. In Residence within limits of a city or incorporated town? Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> <u>1</u>
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>1316 Biddle</u>		e. STREET ADDRESS (If rural, give location) <u>25 1316 Biddle</u> <u>22510</u>	

3. NAME OF DECEASED (Type or Print) a. (First) <u>FOREST</u> b. (Middle) <u>Taylor</u> c. (Last) <u>Taylor</u>		4. DATE OF DEATH (Month) (Day) (Year) <u>Dec-31-1955</u>	
5. SEX <u>M</u>	6. COLOR OR RACE <u>Negro</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Child</u>	8. DATE OF BIRTH <u>Dec 8, 1955</u>
9. AGE (In years last birthday) <u>23</u>		10a. USUAL OCCUPATION (Check kind of work done during most of working life even if retired) <u>None</u>	10b. KIND OF BUSINESS OR INDUSTRY <u>None</u>
11. BIRTHPLACE (City and State or Foreign Country) <u>St Louis</u>		12. CITIZEN OF WHAT COUNTRY?	

13a. FATHER'S NAME <u>Unknown</u>	13b. MOTHER'S MAIDEN NAME <u>Mary Bell</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>None</u>	17. INFORMANT'S SIGNATURE OR NAME <u>Amber Taylor</u> ADDRESS <u>1316 Biddle</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, asthenia, etc. It means the disease, injury, or complication which caused death.	MEDICAL CERTIFICATION		INTERVAL BETWEEN ONSET AND DEATH
	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Suffocation, suffered</u>		<u>when deceased was found dead in bed in home</u>
	ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <u>when deceased was found dead in bed in home</u>		
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. <u>on December 31 1955</u>			
19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION <u>E924.0</u>		20. AUTOPSY? YES <input checked="" type="checkbox"/> NO <input type="checkbox"/>

21a. ACCIDENT (Specify) <u>Accident</u>	21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) <u>Home</u>	21c. (CITY, TOWN, OR TOWNSHIP) <u>St Louis Mo</u> (COUNTY) <u>18</u> (STATE)
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) <u>Dec 31 55 ?</u>	21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	21f. HOW DID INJURY OCCUR? <u>OCB</u>

22. I hereby certify that I attended the deceased from _____, 19____, to _____, 19____, that I last saw the deceased alive on _____, 19____, and that death occurred at 700A m., from the causes and on the date stated above.

23a. SIGNATURE (Degree or title) <u>Patrick P. Taylor Curator</u>	23b. ADDRESS <u>1300 Clark</u>	23c. DATE SIGNED <u>1 4 56</u>
23d. BURIAL, CREMATION, REMOVAL (Specify) <u>Removal</u>	23e. DATE <u>Jan 5, 1956</u>	23f. NAME OF CEMETERY OR CREMATORY <u>Oakdale</u>
23g. LOCATION (City, town or county) (State) <u>Lemay Missouri</u>	25. FUNERAL DIRECTOR'S SIGNATURE <u>Carl Smith no-613. No. 1271 N Grand</u> ADDRESS	
DATE REC'D BY LOCAL REG. <u>JAN 4 1956</u>	REGISTRAR'S SIGNATURE <u>Carl Smith</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 *Melvin Blaup...*

Licensed Embalmer No. *390*

P. O. Address *1221 N. 4th*

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.