

No. 300
10.48

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

FILED FEB 7 1956

State File No. **3953**
246
Registrar's No.

BIRTH NO. _____ REG. DIST. NO. **318** PRIMARY REG. DIST. NO. **1003**

1. PLACE OF DEATH a. COUNTY		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE Mo. b. COUNTY St. Louis	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN St. Louis		c. CITY OR TOWN Webster Groves/	d. Is Residence within limits of a city or incorporated town? Yes <input type="checkbox"/> No <input type="checkbox"/>
c. LENGTH OF STAY (In this place) 3 Mo.		e. STREET ADDRESS (If rural, give location) 669 N Forest Ave.	
d. FULL NAME OF HOSPITAL OR INSTITUTION Deaconess Hospital			

3. NAME OF DECEASED (Type or Print) a. (First) MARGARET b. (Middle) TURNBULL c. (Last) TAUSSIG			4. DATE OF DEATH (Month) (Day) (Year) 1-9-1956
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5. SEX F	6. COLOR OR RACE W	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Widowed	8. DATE OF BIRTH 5-29-1871	9. AGE (In years last birthday) 84	10. IF UNDER 1 YEAR Months _____ Days _____	11. IF UNDER 24 HRS. Hours _____ Min. _____
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10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Practitioner	10b. KIND OF BUSINESS OR INDUSTRY Christian Science	11. BIRTHPLACE (City and State or Foreign Country) Durham Co. England	12. CITIZEN OF WHAT COUNTRY? USA
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13a. FATHER'S NAME Thomas Turnbull	13b. MOTHER'S MAIDEN NAME Isabelle E Chambers	14. NAME OF HUSBAND OR WIFE Eugene Taussig
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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. None	17. INFORMANT'S SIGNATURE OR NAME E.T. Taussig	ADDRESS 669 N Forest
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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, asphyxia, 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) Myocardial infarction		3 mos.
	ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) Hypertensive Heart Disease		20 yrs.
DUE TO (c) Hypertension		15 yrs.	
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. Arteriosclerosis		20 yrs.	

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION 4201	20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>
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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)
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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?
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22. I hereby certify that I attended the deceased from **9-25-1955**, to **1-9-1956**, that I last saw the deceased alive on **1-8-1956**, and that death occurred at **12:20a.m.**, from the causes and on the date stated above.

23a. SIGNATURE Lois C. Hyatt M.D. (Degree or title)	23b. ADDRESS 134 W. Adams	23c. DATE SIGNED 1-9-56
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24a. BURIAL, CREMATION, REMOVAL (Specify) Cremation	24b. DATE 1-11-1956	24c. NAME OF CEMETERY OR CREMATORY Valhalla Crematory	24d. LOCATION (City, town, or county) (State) St. Louis Co, Mo.
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DATE REC'D BY LOCAL REG. JAN 9 1956	REGISTRAR'S SIGNATURE J. Earl Smith	FUNERAL DIRECTOR'S SIGNATURE W. Parker Aldrich	ADDRESS Webster Groves Mo
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(Licensed Embalmer's Statement on Reverse Side)

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 *Meville B. Frohwitter*

Licensed Embalmer No. *3696*

P. O. Address *15 W. Lockwood*

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.