

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

11512  
2923

FILED APR 2 - 1956

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State File No. \_\_\_\_\_  
Registrar's No. \_\_\_\_\_

BIRTH NO. _____		REG. DIST. NO. _____		PRIMARY REG. DIST. NO. _____		State File No. _____		Registrar's No. _____					
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 (If outside corporate limits, write RURAL and give township) OR TOWN <u>St. Louis</u>				c. LENGTH OF STAY (in this place) <u>life</u>		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>St. Louis</u> <span style="float: right;">225/10</span>							
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>City Hospital #1</u>				d. STREET ADDRESS (If rural, give location) <u>25</u> <u>1015 N. 7th Street Apt. 34</u>									
3. NAME OF DECEASED (Type or Print) a. (First) <u>Dianne</u>			b. (Middle) _____			c. (Last) <u>Taylor</u>			4. DATE OF DEATH (Month) (Day) (Year) <u>3</u> <u>18</u> <u>56</u>				
5. SEX <u>Female</u>		6. COLOR OR RACE <u>Negro</u>		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>nil</u>		8. DATE OF BIRTH <u>2-8-49</u>		9. AGE (In years last birthday) <u>7</u>		# UNDER 1 YEAR Months	# UNDER 1 Mo. Days	# UNDER 1 Mo. Hours	# UNDER 1 Mo. Mins.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>nil</u>				10b. KIND OF BUSINESS OR INDUSTRY _____		11. BIRTHPLACE (City and State or Foreign Country) <u>St. Louis, Mo.</u>			12. CITIZEN OF WHAT COUNTRY? <u>U.S.A.</u>				
13a. FATHER'S NAME <u>Louis A. Scott</u>				13b. MOTHER'S MAIDEN NAME <u>Katie Mae Taylor</u>				14. NAME OF HUSBAND OR WIFE <u>nil</u>					
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <u>no</u>				16. SOCIAL SECURITY NO. <u>nil</u>		17. INFORMANT'S SIGNATURE OR NAME <u>Louis A. Scott</u> ADDRESS <u>1015 N. 7th St.</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, asthma, etc. It means the disease, injury, or complication which caused death.													
MEDICAL CERTIFICATION													
1. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>2nd &amp; 3rd degree burns of body suffered when paper chest of deceased was ignited by another child playing with matches in flame.</u>													
ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. <u>DUE TO (c)</u>													
11. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. <u>with matches in flame, about 4:30 p.m., July 22, 1956</u>													
19a. DATE OF OPERATION _____				19b. MAJOR FINDINGS OF OPERATION <u>Accident</u>				20. AUTOPSY? YES <input type="checkbox"/> NO <input type="checkbox"/>					
21a. ACCIDENT, SUICIDE, HOMICIDE (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) (COUNTY) (STATE) <u>St. Louis Mo</u>									
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) <u>July 22 56 4:30 p.m.</u>				21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21f. HOW DID INJURY OCCUR? <u>DD E916.0</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 <u>11:00 A.M.</u> , from the causes and on the date stated above.													
23a. SIGNATURE <u>Paul M. Schubert (Deputy Registrar)</u>						23b. ADDRESS <u>1300 Clark</u>			23c. DATE SIGNED <u>3/30/56</u>				
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>removal</u>		24b. DATE <u>3-22-56</u>		24c. NAME OF CEMETERY OR CREMATORY <u>Greenwood</u>		24d. LOCATION (City, town, or county) (State) <u>St. Louis County Mo.</u>							
DATE REC'D BY LOCAL REG. <u>MAR 22 1956</u>		REGISTRAR'S SIGNATURE <u>Carl Smith Mo</u>				25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS <u>Dement &amp; Son 2629-31 Cole Street</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 .....  
Student Embalmer

Signed

*W. Claude Gordon*

Licensed Embalmer No.

*3489*

P. O. Address

*4575 Alder*

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply the above constitutes grounds for revocation of license.)

If this body is not embalmed, fact should be so stated above.