

FILED JUN 1 1956

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

18749

State File No.

BIRTH NO. _____ REG. DIST. NO. **318** PRIMARY REG. DIST. NO. **1003** Registrar's No. **4261**

1. PLACE OF DEATH a. COUNTY		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE Missouri b. COUNTY	
b. CITY (If outside corporate limits, write RURAL and give OR TOWN St. Louis)	c. LENGTH OF STAY (in this place)	c. CITY OR TOWN St. Louis	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 Homer Phillips Hospital		e. STREET ADDRESS (If rural, give location) 3700 Cook	

3. NAME OF DECEASED (Type or Print)	a. (First) Lillie	b. (Middle) Mae	c. (Last) Taylor	4. DATE OF DEATH (Month) 4 (Day) 29 (Year) 56
5. SEX Female	6. COLOR OR RACE Negro	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) married	8. DATE OF BIRTH 3-20-1912	9. AGE (In years last birthday) 44 IF UNDER 1 YEAR Months IF UNDER 28 HRS. Days Hours Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Housewife	10b. KIND OF BUSINESS OR INDUSTRY None	11. BIRTHPLACE (City and State or Foreign Country) Milan, Tennessee	12. CITIZEN OF WHAT COUNTRY? USA	

13a. FATHER'S NAME George Bardwell	13b. MOTHER'S MAIDEN NAME Lonnie Clark	14. NAME OF HUSBAND OR WIFE Joseph Taylor
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) no	16. SOCIAL SECURITY NO. none	17. INFORMANT'S SIGNATURE OR NAME ADDRESS Joseph Taylor - 3700a Cook Ave.

18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c))	MEDICAL CERTIFICATION		INTERVAL BETWEEN ONSET AND DEATH
I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Carcinoma of Ovary with Metastases			Undt.
ANTECEDENT CAUSES	DUE TO (b) _____		
	DUE TO (c) _____		
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	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) (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 **4-24** **1956**, to **4-29**, **1956**, that I last saw the deceased alive on **4-29**, **1956**, and that death occurred at **1:30 a m.**, from the causes and on the date stated above.

23a. SIGNATURE (Degree or title) William D. Smiley M.D.	23b. ADDRESS 2601 N. Whittier	23c. DATE SIGNED 4-30-56
24a. BURIAL, CREMATION, REMOVAL (Specify) Removal	24b. DATE May 5, 1956	24c. NAME OF CEMETERY OR CREMATORY Washington Park Cemetery
		24d. LOCATION (City, town, or county) (State) St. Louis, County Mo.

DATE REC'D BY LOCAL REG. APR 30 1956	REGISTRAR'S SIGNATURE [Signature]	25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS Atkins Bros. 3644 Finney Ave.
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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.....

L. J. Watson

Licensed Embalmer No. *269*

P. O. Address *2769 Cho*

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.