

No. 300
10. 48

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. **32588**
Registrar's No. **1952**

FILED SEP 19 1956

BIRTH NO. _____		REG. DIST. NO. _____	PRIMARY REG. DIST. NO. _____	Registrar's No. 1952
1. PLACE OF DEATH a. COUNTY St. Louis		2. USUAL RESIDENCE (where deceased lived, if institution: <input type="checkbox"/> residence before admission) a. STATE Missouri b. COUNTY _____		
b. CITY (if outside corporate limits, write RURAL and give township) OR TOWN Clayton		c. LENGTH OF STAY (in this place) 3 days		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 St. Louis County Hospital		e. STREET ADDRESS (If rural, give location) 2242 Richert Place		
3. NAME OF DECEASED (Type or Print) a. (First) Lewis		b. (Middle) CARL		c. (Last) Taylor
4. DATE OF DEATH (Month) (Day) (Year) 8 13 1956				
5. SEX Male	6. COLOR OR RACE White	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Widowed	8. DATE OF BIRTH 12/15/1893	9. AGE (in years last birthday) 62
		IF UNDER 1 YEAR Months 8	IF UNDER 1 YEAR Days 28	IF UNDER 24 HRS. Hours Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Cleaning		10b. KIND OF BUSINESS OR INDUSTRY Crescent Cleaners		11. BIRTHPLACE (City and State or Foreign Country) St. Louis
				12. CITIZEN OF WHAT COUNTRY? USA
13a. FATHER'S NAME Lewis Taylor		13b. MOTHER'S MAIDEN NAME Belle Kelley		14. NAME OF HUSBAND OR WIFE Mable Wolfsberger Dec'd
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) Yes World War # 1		16. SOCIAL SECURITY NO. 494-07-3341		17. INFORMANT'S SIGNATURE OR NAME Mrs O. L. Jacobsmeyer
				ADDRESS _____
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 I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Cerebral Hemorrhage ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. 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.		INTERVAL BETWEEN ONSET AND DEATH
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION		20. AUTOPSY? YES <input checked="" 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) m.		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 8-10 , 19 56 , to 8-13 , 19 56 , that I last saw the deceased alive on 8-13 , 19 56 , and that death occurred at 9:50 p.m. , from the causes and on the date stated above.				
23a. SIGNATURE Joseph G. Ernst M.D.		23b. ADDRESS 601 S. Brentwood		23c. DATE SIGNED 8-14-56
24a. BURIAL, CREMATION, REMOVAL (Specify) Burial		24b. DATE 8/16/56		24c. NAME OF CEMETERY OR CREMATORY Valhalla Cemetery
				24d. LOCATION (City, town, or county) (State) St. Louis County Missouri
DATE REC'D BY LOCAL REG. 8-15-56		REGISTRAR'S SIGNATURE Herbert B. Donke M.D.		25. FUNERAL DIRECTOR'S SIGNATURE Ambruster Mortuary 6633 Clayton Road
				ADDRESS _____

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 *Fred J. Harned*

Licensed Embalmer No. *1788*

P. O. Address *St. Louis*

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.