

S. No. 300
EV. 10.48

FILED MAR 18 1957

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. **11303**
Registrar's No. **1779**

WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

DECEASED BY (OR) MR PATRICK TAYLOR

BIRTH NO. _____		REG. DIST. NO. 318	PRIMARY REG. DIST. NO. 1003	Registrar's No. _____	
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 township) OR TOWN ST. LOUIS		c. LENGTH OF STAY (in this place) _____		c. CITY OR TOWN ST. LOUIS	
d. FULL NAME OF HOSPITAL OR INSTITUTION ST. LOUIS CHILDREN'S HOSP ENROUTE TO HOSPITAL 3		e. STREET ADDRESS (If rural, give location) 2229 2727 BERNARD			
3. NAME OF DECEASED (Type or Print) a. (First) DIANE b. (Middle) (W M N) c. (Last) WILLIFORD			4. DATE OF DEATH (Month) (Day) (Year) FEB 20 1957		
5. SEX 3 FEMALE	6. COLOR OR RACE Ne GRO	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) NEVER MARRIED	8. DATE OF BIRTH JAN. 25-1955	9. AGE (In years last birthday) 2 YRS	IF UNDER 1 YEAR Months 26 Days _____ Hours _____ Min. _____
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) None		10b. KIND OF BUSINESS OR INDUSTRY None		11. BIRTHPLACE (City and State or Foreign Country) ST. LOUIS, MISSOURI	
12. CITIZEN OF WHAT COUNTRY? USA		13a. FATHER'S NAME NA POLEAD WILLIFORD		13b. MOTHER'S MAIDEN NAME OLA MAE HOOKS	
14. NAME OF HUSBAND OR WIFE _____		15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) No		16. SOCIAL SECURITY NO. None	
17. INFORMANT'S SIGNATURE OR NAME Barbara Jones		ADDRESS 500 S. Kings Highway			
18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c) CONGENITAL HEART DISEASE					
MEDICAL CERTIFICATION					
I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Congenital heart disease					
ANTECEDENT CAUSES					
*This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.					
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.					
DUE TO (b) IF septal defect & IV septal defect					
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? 1 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) _____		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 3-7 , 19 55 , to 1-26 , 19 57 , that I last saw the deceased alive on 1-26 , 19 57 , and that death occurred at 4:15 p.m. , from the causes and on the date stated above.					
23a. SIGNATURE Barbara Jones, M.D.		23b. ADDRESS 500 S. Kings Highway		23c. DATE SIGNED 2-20-57	
24a. BURIAL, CREMATION, REMOVAL (Specify) Removal		24b. DATE 2-21-57		24c. NAME OF CEMETERY OR CREMATORY GREENWOOD CEM.	
24d. LOCATION (City, town, or county) (State) ST. LOUIS CITY MO		25. FUNERAL DIRECTOR'S SIGNATURE A.F. WALTON		ADDRESS 2707 STODDARD ST	
DATE REC'D BY LOCAL REG. FEB 21 57		REGISTRAR'S SIGNATURE J. Earl Smith, M.D.		25. FUNERAL DIRECTOR'S SIGNATURE A.F. WALTON	

(Licensed Embalmer's Statement on Reverse Side)

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 *H. Claude Gordon*.....

Licensed Embalmer No. *3487*.....

P. O. Address *4575 Ala*.....

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.