

FILED JUL 26 1957

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. **26625**
Registrar's No. **6475**

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

BIRTH NO.		REG. DIST. NO. 318		PRIMARY REG. DIST. NO. 1003		State File No. 26625		Registrar's No. 6475					
1. PLACE OF DEATH a. COUNTY St. Louis				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE Missouri b. COUNTY St. Louis									
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. 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 01 2719 Clark				e. STREET ADDRESS (If rural, give location) 2224 2719 Clark									
3. NAME OF DECEASED (Type or Print) a. (First) Effie			b. (Middle)			c. (Last) Taylor			4. DATE OF DEATH (Month) (Day) (Year) July 8, 1957				
5. SEX Female		6. COLOR OR RACE Negro		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Widowed		8. DATE OF BIRTH July 2, 1888		9. AGE (In years last birthday) 69		10. IF UNDER 1 YEAR Months 0 Days 6		11. IF UNDER 2 HRS. Hours Min. 	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Unemployed				10b. KIND OF BUSINESS OR INDUSTRY None		11. BIRTHPLACE (City and State or Foreign Country) Unknown				12. CITIZEN OF WHAT COUNTRY? U. S. A.			
13a. FATHER'S NAME Unknown				13b. MOTHER'S MAIDEN NAME Unknown				14. NAME OF HUSBAND OR WIFE Widowed					
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no or unknown) No			16. SOCIAL SECURITY NO. Unknown			17. INFORMANT'S SIGNATURE OR NAME Maranda Anderson			ADDRESS 2715 Eugenia				
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, ashenia, etc. It means the disease, injury, or complication which caused death.				MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (a) Cardiac Arrest; Carcinoma of the Colon; ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) Anesthetic. DUE TO (c) While undergoing operation. II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death While undergoing operation.								INTERVAL BETWEEN ONSET AND DEATH	
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION Cholecystomy at James O. Phillips Hospital July 8 1957.										20. AUTOPSY? YES <input checked="" type="checkbox"/> NO <input type="checkbox"/>	
21a. ACCIDENT SUICIDE (Specify)		21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) Accident		21c. CITY, TOWN, OR TOWNSHIP (COUNTY) (STATE) St. Louis Mo		21d. TIME OF INJURY (Month) (Day) (Year) July 8 57		21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21f. HOW DID INJURY OCCUR? 153+			
22. I hereby certify that I attended the deceased from 19 to 19 , that I last saw the deceased alive on 7/11/57 , and that death occurred at 11:45 a.m. , from the causes and on the date stated above.													
23a. SIGNATURE (Degree or title) Patrist Taylor Casauer				23b. ADDRESS 1300 Clark				23c. DATE SIGNED 7.11.57.					
24a. BURIAL, CREMATION, REMOVAL (Specify) Removal		24b. DATE 7/15/57		24c. NAME OF CEMETERY OR CREMATORY Oakdale Cemetery		24d. LOCATION (City, town, or county) (State) Lemay, Missouri							
DATE REC'D BY LOCAL REG. JUL 11 57		REGISTRAR'S SIGNATURE Carl Smith MD				25. FUNERAL DIRECTOR'S SIGNATURE L. B. KOONCE				ADDRESS 1221 N. Grand Blvd.			

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 *William Blackburn*

Licensed Embalmer No. *3467*

P. O. Address *1221 W. 9th*

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.