

FILED AUG 26 1957

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATHState File No. **30081**BIRTH NO. \_\_\_\_\_ REG. DIST. NO. **318** PRIMARY REG. DIST. NO. **1003** Registrar's No. **7009**

1. PLACE OF DEATH a. COUNTY _____		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). --a. STATE <b>Missouri.</b> b. COUNTY _____	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <b>St. Louis, Mo.</b>		c. LENGTH OF STAY (in this place) <b>2 Mo 19 Days</b>	
c. CITY OR TOWN <b>St. Louis,</b>		d. Is Residence within limits of a city or incorporated town? Yes <input type="checkbox"/> No <input type="checkbox"/>	
3. FULL NAME OF HOSPITAL OR INSTITUTION <b>St. Louis Chronic Hospital</b>		STREET ADDRESS (If rural, give location) <b>4055 Page</b>	
3. NAME OF DECEASED (Type or Print) a. (First) <b>Helen</b> b. (Middle) _____ c. (Last) <b>Taylor</b>		4. DATE OF DEATH (Month) (Day) (Year) <b>July 26 1957</b>	
5. SEX <b>Female</b>	6. COLOR OR RACE <b>Col.</b>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <b>Widow</b>	8. DATE OF BIRTH <b>4-22-1870</b>
9. AGE (In years last birthday) <b>87</b>		IF UNDER 1 YEAR Months _____ Days _____	IF UNDER 2 HRS. Hours _____ Min. _____
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <b>Housewife</b>		10b. KIND OF BUSINESS OR INDUSTRY <b>Home</b>	11. BIRTHPLACE (City and State or Foreign Country) <b>Warrington, Mo.</b>
12. CITIZEN OF WHAT COUNTRY? <b>USA</b>		13a. FATHER'S NAME <b>John Sims</b>	
13b. MOTHER'S MAIDEN NAME <b>Mary Sims</b>		14. NAME OF HUSBAND OR WIFE <b>William Taylor</b>	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no or unknown) <b>No</b> (If yes, give war or dates of service)		16. SOCIAL SECURITY NO. <b>None</b>	
17. INFORMANT'S SIGNATURE OR NAME <b>James Taylor</b>		ADDRESS <b>4055 A. Page</b>	
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, asphyxia, etc. It means the disease, injury, or complication which caused death.			INTERVAL BETWEEN ONSET AND DEATH
1. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <b>Arteriosclerotic Heart Disease</b>			<b>5 mo.</b>
ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) _____ DUE TO (c) <b>Generalized Arteriosclerosis</b>			<b>5 mo</b>
11. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. <b>Secondary anemia due to Urinary Bladder Stone.</b>			<b>6 wks</b>
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION <b>420.0</b>	
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)		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 <b>May 7, 1957</b> , to <b>July 26, 1957</b> , that I last saw the deceased alive on <b>July 25, 1957</b> , and that death occurred at <b>12:20 AM</b> , from the causes and on the date stated above.			
23a. SIGNATURE (Degree or title) <b>John W. Beckmann, M.D.</b>		23b. ADDRESS <b>5800 Arsenal</b>	
23c. DATE SIGNED <b>7/26/57</b>			
24a. BURIAL, CREMATION, REMOVAL (Specify) <b>Burial</b>		24b. DATE <b>7-29-1957</b>	
24c. NAME OF CEMETERY OR CREMATORY <b>Washington Park</b>		24d. LOCATION (City, town, or county) (State) <b>St. Louis Co. Mo</b>	
DATE REC'D BY LOCAL REG. <b>JUL 27 '57</b>		REGISTRAR'S SIGNATURE <b>J. Earl Smith - M.D.</b>	
25. FUNERAL DIRECTOR'S SIGNATURE <b>Lewis Funeral Home</b>		ADDRESS <b>22 Euclid Ave.</b>	

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

(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 *James A. Carter*.....

Licensed Embalmer No. *46*.....

P. O. Address *St. Louis*.....

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (F 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.