

FILED OCT 21 1957

STANDARD CERTIFICATE OF DEATH

38224
STATE FILE NUMBER
9296
Registrar's No.

Registration District No. 318 Primary Registration District No. 1003

S. 300
1-57

1. PLACE OF DEATH a. COUNTY		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)	
b. CITY (If outside corporate limits, give TOWNSHIP only) St. Louis		c. CITY OR TOWN St. Louis	
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION 27 Homer Phillips Hosp		4. STREET ADDRESS (If outside, give location) 716 Thrush Avenue	
3. NAME OF DECEASED (Type or print) First Middle Last Anthony J Taub, Jr		4. DATE OF DEATH Month Day Year October 5 1957	
5. SEX male	6. COLOR OR RACE white	7. MARRIED <input type="checkbox"/> NEVER MARRIED <input checked="" type="checkbox"/> WIDOWED <input type="checkbox"/> DIVORCED <input type="checkbox"/>	8. DATE OF BIRTH May 29 1943
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Stock Clerk		10b. KIND OF BUSINESS OR INDUSTRY Blackwell-Wielandy Co	11. BIRTHPLACE (City and state or country) St. Louis, Missouri
13a. FATHER'S NAME Anthony J. Taub, Sr		13b. MOTHER'S MAIDEN NAME Lillian Brown	14. NAME OF HUSBAND OR WIFE never married
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. unknown	17. INFORMANT Address Anthony J. Taub, Sr., 716 Thrush Avenue
18. CAUSE OF DEATH (Enter only one cause on line for (a), (b), and (c).) PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) <i>Gunshot wound of skull and brain</i>			INTERVAL BETWEEN ONSET AND DEATH
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. DUE TO (b) _____ DUE TO (c) <i>Self inflicted when gun accidentally discharged while the deceased</i>			19. WAS AUTOPSY PERFORMED? YES <input checked="" type="checkbox"/> NO <input type="checkbox"/>
PART II: OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a) <i>discharged while the deceased</i>			
20a. ACCIDENT <input checked="" type="checkbox"/> SUICIDE <input type="checkbox"/> HOMICIDE <input type="checkbox"/>	20b. DEGREE HOW INJURY OCCURRED (If nature of injury given in PART I (a) or PART II (a) or (b)) <i>in rear of 8517 Biltmore Ave. around 7:29 pm. October 4th 1957.</i>		
20c. TIME OF INJURY 7:29 p.m. 10 4 57	20d. PLACE OF INJURY (e.g., in or about home, shop, factory, street, office bldg., etc.) <i>Garage</i>		
20e. CITY, TOWN, OR LOCATION <i>St. Louis</i>	COUNTY <i>Mo</i>	STATE <i>Mo 9196 43</i>	
21. I attended the deceased from _____ to _____ and last saw her alive on _____ Death occurred at <i>245 A</i> m on the date stated above; and to the best of my knowledge, from the causes stated.			
22a. SIGNATURE (Degree or title) <i>Carl Smith M.D.</i>		22b. ADDRESS <i>300 Clark</i>	22c. DATE SIGNED <i>10/7/57</i>
23a. BURIAL, CREMATION, REMOVAL (Specify) <i>Burial</i>	23b. DATE <i>October 8 1957</i>	23c. NAME OF CEMETERY OR CREMATORY <i>Calvary Cemetery</i>	23d. LOCATION (City, town, or county) (State) <i>St. Louis Missouri</i>
24. FUNERAL DIRECTOR Math Hermann & Son, Inc., 2161 E. Fair Av		25. DATE RECD. BY LOCAL REG. <i>OCT 7 57</i>	26. REGISTRAR'S SIGNATURE <i>J. Carl Smith M.D.</i>

(Licensed Embalmer's Statement on Reverse Side)

Doctor, coroner, etc. must use only standard nomenclature in item 18. No symptoms will be listed. All diseases in Part I must be causally related.

USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE

MEDICAL CERTIFICATION

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 *Glen W. Hay*

Licensed Embalmer No. *3737*

P. O. Address *G. 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.