

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

46378
STATE FILE NUMBER
12564

XC-16875207
SL-15203
JAN 13 1958

Registration District No. 318 Primary Registration District No. 1003

Registrar's No.

1. PLACE OF DEATH a. COUNTY ST. LOUIS		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE MISSOURI ILLINOIS b. COUNTY ST. CLAIR 8120			
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN ST. LOUIS Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>		c. CITY OR TOWN E. ST. LOUIS Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>			
3. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION VET ADM. HOSPITAL		Length of stay in lb 55 DAYS	d. STREET ADDRESS (If outside, give location) 538 N. 13TH. STREET. Reside on Farm Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>		
3. NAME OF DECEASED (Type or print) First Middle Last CARL D TAYLOR			4. DATE OF DEATH Month Day Year 12-26-57		
5. SEX MALE	6. COLOR OR RACE WHITE	7. MARRIED <input checked="" type="checkbox"/> NEVER MARRIED <input type="checkbox"/> WIDOWED <input type="checkbox"/> DIVORCED <input type="checkbox"/>		8. DATE OF BIRTH 3-26-92	9. AGE (In years last birthday) 65 IF UNDER 1 YEAR Months Days Hours Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) BARTENDER		10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (City and state or country) ROODHOUSE, ILLINOIS		12. CITIZEN OF WHAT COUNTRY? USA
13a. FATHER'S NAME ALFRED TAYLOR		13b. MOTHER'S MAIDEN NAME THERESA EDWARDS		14. NAME OF HUSBAND OR WIFE VERNA TAYLOR WIFE	
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown) YES WW I		16. SOCIAL SECURITY NO. 321-20-9796	17. INFORMANT Address VA HOSP RECORDS 915 N GRAND ST LOUIS MO.		
18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c). PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) BRONCHOPNEUMONIA DUE TO (b) ASPIRATION OF GASTRIC CONTENTS DUE TO (c) LAENNEC'S CIRRHOSIS Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a)				INTERVAL BETWEEN ONSET AND DEATH 2 DAYS UNKNOWN 1 YEAR 19. WAS AUTOPSY PERFORMED? YES <input checked="" type="checkbox"/> NO <input type="checkbox"/>	
20a. ACCIDENT SUICIDE HOMICIDE <input type="checkbox"/> NONE <input type="checkbox"/>		20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18.) 581.1			
20c. TIME OF INJURY Hour Month, Day, Year a.m. p.m.					
20d. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	20e. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)	20f. CITY, TOWN, OR LOCATION VA		COUNTY STATE	
21. I attended the deceased from 11-1-57 to 12-26-57 and last saw him/her live on 12-26-57 Death occurred at 10:12 P.M. on the date stated above; and to the best of my knowledge, from the causes stated.					
22a. SIGNATURE <i>H. Westphalinger</i> (Degree or title) M.D.		22b. ADDRESS VAH. ST. LOUIS, MO.		22c. DATE SIGNED 12-27-57	
23a. BURIAL, CREMATION, REMOVAL Removal	23b. DATE 12-27-57	23c. NAME OF CEMETERY OR CREMATORY WESTPHELINGER, M. D.		23d. LOCATION (City, town, or county) (State) Roodhouse, Ill Roodhouse, Ill	
24. FUNERAL DIRECTOR Edw. Fendler Mortuary 5611 so. Grand		ADDRESS	25. DATE RECD. BY LOCAL REG. DEC 30 57	26. REGISTRAR'S SIGNATURE <i>Carl Smith</i> 2088	

USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE
MEDICAL CERTIFICATION

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.

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 *Hadley R. Faeller Jr.*
Licensed Embalmer No. *7950*
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.