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THE DIVISION OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH

58-020203
STATE FILE NUMBER

FILED MAY 26 1958 Registration District No. 318 Primary Registration District No. 1003 Registrar's No. 4781

1. PLACE OF DEATH a. COUNTY	2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE Illinois b. COUNTY St. Clair
b. CITY OR TOWN (If outside corporate limits, give TOWNSHIP only) St. Louis — Inside Limits Yes [X] No [ ]	c. CITY OR TOWN Belleville 9 208 — Inside Limits Yes [X] No [ ]
c. FULL NAME OF HOSPITAL OR INSTITUTION (If NOT in hospital, give location) 35 VA HOSPITAL 0 — Length of stay in Ib 20 days	d. STREET ADDRESS (If outside, give location) 22 2117 East "C" — Reside on Farm Yes [ ] No [X]

3. NAME OF DECEASED (Type or print) First Middle Last William H. Taphorn			4. DATE OF DEATH Month Day Year 5-5-58	
5. SEX male 0	6. COLOR OR RACE white	7. MARRIED [X] NEVER MARRIED [ ] WIDOWED [ ] DIVORCED [ ]	8. DATE OF BIRTH 6-7-01	9. AGE (In years last birthday) 56 — IF UNDER 1 YEAR: Months, Days — IF UNDER 24 HRS.: Hours, Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Clerk	10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (City and state or country) Nashville, Tenn.	12. CITIZEN OF WHAT COUNTRY? U.S.A.	
13a. FATHER'S NAME William Taphorn	13b. MOTHER'S MAIDEN NAME Lillian Vanhooser	14. NAME OF HUSBAND OR WIFE Kathryn Taphorn (ARMBRUSTER)		
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown) Yes (If yes, give war or dates of service) WWI	16. SOCIAL SECURITY NO. 328034676	17. INFORMANT Address VA HOSPITAL RECORDS, ST. LOUIS, MO.		

MEDICAL CERTIFICATION

18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).)

PART I. DEATH WAS CAUSED BY:

		INTERVAL BETWEEN ONSET AND DEATH
IMMEDIATE CAUSE (a)	NEPHROSCLEROSIS	15 MONTHS
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. DUE TO (b)	HYPERTENSIVE CARDIO VASCULAR DISEASE	15 MONTHS
DUE TO (c)	- - - -	-

PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a)

- - - - 442X -

19. WAS AUTOPSY PERFORMED? YES [X] NO [ ]

20a. ACCIDENT [ ] SUICIDE [ ] HOMICIDE [ ]	20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18.)
20c. TIME OF INJURY Hour a.m. p.m. Month, Day, Year	
20d. INJURY OCCURRED WHILE AT WORK [ ] NOT WHILE AT WORK [ ]	20e. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) — 20f. CITY, TOWN, OR LOCATION COUNTY STATE

21. VA attended the deceased from 4-15-58, to 5-5-58 and last saw ~~HEX~~ him alive on 5-5-58

Death occurred at 2:15 A m on the date stated above; and to the best of my knowledge, from the causes stated.

22a. SIGNATURE (Degree or title) John F. Carter JOHN F. CARTER, M.D.	22b. ADDRESS VAH, ST. LOUIS, MO. 8	22c. DATE SIGNED 5-5-58	
23a. BURIAL, CREMATION, REMOVAL (Specify) REMOVAL	23b. DATE 5-5-1958	23c. NAME OF CEMETERY OR CREMATORY GREENMOUNT	23d. LOCATION (City, town, or county) (State) BELLEVILLE ILLINOIS
24. FUNERAL DIRECTOR RENNER FUNERAL HOME	ADDRESS BELLEVILLE ILL.	25. DATE RECD. BY LOCAL REG. MAY 5 '58	26. REGISTRAR'S SIGNATURE J. Earl Smith, M.D. S.P.

(Licensed Embalmer's Statement on Reverse Side)

USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE

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 NOT EMBALMED, Student Embalmer No. .....

working under my personal supervision.

Student ..... Signed David H. Renner

Signature of Student Embalmer

Licensed Embalmer No. 5025 IL

P. O. Address .....

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.