

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

58-020486

STATE FILE NUMBER

FILED JUN 9 1958 Registration District No. 317 Primary Registration District No. 590 Registrar's No. 1477

1. PLACE OF DEATH a. COUNTY <u>St. Louis</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE <u>Missouri</u> b. COUNTY <u>St. Louis</u>	
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN <u>Pine Lawn</u>		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	c. CITY OR TOWN <u>Pine Lawn</u> 4151
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION <u>3709 Manola</u>		Length of stay in lb <u>6 Yrs.</u>	d. STREET ADDRESS (If outside, give location) <u>3709 Manola</u>

3. NAME OF DECEASED (Type or print) First <u>Robert</u> Middle <u>C.</u> Last <u>Taylor</u>			4. DATE OF DEATH <u>June 1, 1958</u>	
--	--	--	--------------------------------------	--

5. SEX <u>Male</u>	6. COLOR OR RACE <u>White</u>	7. MARRIED <input type="checkbox"/> NEVER MARRIED <input checked="" type="checkbox"/> WIDOWED <input type="checkbox"/> DIVORCED <input type="checkbox"/>	8. DATE OF BIRTH <u>April 7 1883</u>	9. AGE (In years last birthday) <u>75</u>	IF UNDER 1 YEAR Months <u>0</u> Days <u>0</u> Hours <u>0</u> Min. <u>0</u>	IF UNDER 24 HRS. Hours <u>0</u> Min. <u>0</u>
--------------------	-------------------------------	---	--------------------------------------	---	---	--

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Janitor</u>	10b. KIND OF BUSINESS OR INDUSTRY <u>Maintenance</u>	11. BIRTHPLACE (City and state or country) <u>Cape Girardeau Mo.</u>	12. CITIZEN OF WHAT COUNTRY? <u>U.S.A.</u>
---	---	---	---

13. FATHER'S NAME <u>William Taylor</u>	14. MOTHER'S MAIDEN NAME <u>Julia Vollmer</u>
--	--

15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <u>No</u>	16. SOCIAL SECURITY NO. <u>None</u>	17. INFORMANT <u>Catherine Herrell</u> Address <u>1101 Bellevue</u>
--	--	--

18. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c)] PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) <u>Cerebral thrombosis</u>		INTERVAL BETWEEN ONSET AND DEATH <u>7 days</u>
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.	DUE TO (b) <u>Arteriosclerotic Cardiovascular</u>	
	DUE TO (c) <u>4221 disease</u>	
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I(n)		19. WAS AUTOPSY PERFORMED? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/> <u>2</u>

20a. ACCIDENT <input type="checkbox"/> SUICIDE <input type="checkbox"/> HOMICIDE <input type="checkbox"/>	20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Part I or Part II of item 18.)
20c. TIME OF INJURY Hour <u>  </u> Month <u>  </u> Day <u>  </u> Year <u>  </u> a. m. <u>  </u> p. m. <u>  </u>	
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 CITY <u>  </u> COUNTY <u>  </u> STATE <u>  </u>	

21. I attended the deceased from <u>Nov. 29, 1950</u> to <u>June 1, 1958</u> and last saw <sup>him</sup> <u>him</u> alive on <u>5-31-58</u> Death occurred at <u>  </u> m on the date stated above; and to the best of my knowledge, from the causes stated.		
22a. SIGNATURE (Degree or title) <u>Lewis L. Starnes MD</u>	22b. ADDRESS <u>8231 Clayton Rd (17)</u>	22c. DATE SIGNED <u>6-2-58</u>

23a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>	23b. DATE <u>June 3 1958</u>	23c. NAME OF CEMETERY OR CREMATORY <u>Mount Lebanon Cemetery</u>	23d. LOCATION (City, town, or county) (State) <u>St. Louis County Mo.</u>
--	---------------------------------	---	--

24. FUNERAL DIRECTOR <u>Collier Mortuary, St. Ann, Mo.</u>	25. DATE RECD. BY LOCAL REG. <u>6-2-58</u>	26. REGISTRAR'S SIGNATURE <u>Herbert R. Danks M.D.</u>
---	---	---

(Licensed Embalmer's Statement on Reverse Side)

health, Welfare Public service  
300 1-56  
Doctor, coroner, etc. must use only standard nomenclature in item 18. No symptoms will be listed. All diseases in Part I must be casually related. Coroner cannot certify to a death due to natural causes.  
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 *Sheldon Collier*.....

Licensed Embalmer No. *33*.....

P. O. Address *St. As*.....

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