

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

58-027500  
State File No.

FILED JUL 18 1958  
REG. DIST. NO. 318

REG. DIST. NO. 318

PRIMARY REG. DIST. NO. 1003

Registrar's No. 6603

1. PLACE OF DEATH a. COUNTY		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE Missouri b. COUNTY	
b. CITY (If outside corporate limits, write RURAL and give town) OR St. Louis		c. CITY OR TOWN St. Louis	
c. LENGTH OF STAY (in this place) 3 days		d. Residence within limits of a city or incorporated town? Yes <input type="checkbox"/> No <input type="checkbox"/>	
d. FULL NAME OF HOSPITAL OR INSTITUTION 24 St. Louis Children's Hospital		e. STREET ADDRESS (If rural, give location) 4546 Page	
3. NAME OF DECEASED (Type or Print) a. (First) Ronnie Ellis Taylor b. (Middle) c. (Last)		4. DATE OF DEATH (Month) June (Day) 29 (Year) 1958	
5. SEX Male	6. COLOR OR RACE Colored	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED NEVER MARRIED	8. DATE OF BIRTH Feb. 17, 1954
9. AGE (In years last birthday) 4yrs		IF UNDER 1 YEAR Months	IF UNDER 12 HRS. Hours Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) None	10b. KIND OF BUSINESS OR INDUSTRY None	11. BIRTHPLACE (City and State or Foreign Country) St. Louis, Missouri	12. CITIZEN OF WHAT COUNTRY USA
13a. FATHER'S NAME Jesse Taylor (C)		13b. MOTHER'S MAIDEN NAME Effie Ross	
14. NAME OF HUSBAND OR WIFE None		15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) No	
16. SOCIAL SECURITY NO. None		17. INFORMANT'S SIGNATURE OR NAME AND ADDRESS Jae Henrichsen-500 S. Kingshighway	

18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c)		MEDICAL CERTIFICATION		INTERVAL BETWEEN ONSET AND DEATH	
I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Pneumonia		ANTECEDENT CAUSES		7 days	
*This does not mean the mode of dying, such as heart failure, ashenia, etc. It means the disease, injury, or complication which caused death.		Morbidity conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) Acute glomerulonephritis		14 days	
II. OTHER SIGNIFICANT CONDITIONS		Conditions contributing to the death but not related to the disease or condition causing death. 590x			

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY? YES <input checked="" type="checkbox"/> NO <input 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) m.	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 6/26 1958, to 6/29/ 1958, that I last saw the deceased alive on 6/29/ 1958, and that death occurred at 3:30 p.m., from the causes and on the date stated above.

23a. SIGNATURE J. Neal Middleham (Degree or title) M.D.	23b. ADDRESS 500 S. Kingshighway	23c. DATE SIGNED 6/29/58
24a. BURIAL, CREMATION, REMOVAL (Specify) Removal	24b. DATE 7-2-58	24c. NAME OF CEMETERY OR CREMATORY
24d. LOCATION (City, town, or county) Holly Springs, Miss. (State)	25. FUNERAL DIRECTOR'S SIGNATURE AND ADDRESS E. B. Koenig, 1221 N. Grand	
DATE REC'D BY LOCAL REG. JUL 1 1958	REGISTRAR'S SIGNATURE [Signature]	(Licensed Embalmer's Statement on Reverse Side)

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

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 *Mahin Blackburn*.....  
Licensed Embalmer No. *3967*  
P. O. Address *1221 N. G.*

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.