

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

58-038279
State File No. 9560

FILED OCT 17 1958

BIRTH NO. _____ REG. DIST. NO. 318 PRIMARY REG. DIST. NO. 1003 Registrar's No. _____

1. PLACE OF DEATH a. COUNTY		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>Missouri</u> b. COUNTY			
b. CITY (If outside corporate limits, write RURAL and give town) <u>St. Louis</u>		c. LENGTH OF STAY (In this place)		c. CITY OR TOWN <u>St. Louis</u>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>city no 1</u>		e. STREET ADDRESS (If rural, give location) <u>219 1/2 North Harrison</u>			
3. NAME OF DECEASED (Type or Print) a. (First) <u>Albert</u>		b. (Middle) <u>J.</u>		c. (Last) <u>Taylor</u>	
5. SEX <u>male</u>		6. COLOR OR RACE <u>Colored</u>		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>never married</u>	
8. DATE OF BIRTH <u>11-21-1933</u>		9. AGE (In years last birthday) <u>25 yrs.</u>		10. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Laborer</u>	
10a. USUAL OCCUPATION		10b. KIND OF BUSINESS OR INDUSTRY		11. BIRTHPLACE (City and State or Foreign Country) <u>Martin, Tenn.</u>	
12. CITIZEN OF WHAT COUNTRY? <u>U.S.A.</u>		13a. FATHER'S NAME <u>Emanuel Taylor</u>		13b. MOTHER'S MAIDEN NAME <u>Lucy Cruse</u>	
14. NAME OF HUSBAND OR WIFE <u>Single</u>		15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <u>yes Korean War</u>		16. SOCIAL SECURITY NO. <u>415-52-5309</u>	
17. INFORMANT'S SIGNATURE OR NAME <u>Mrs. Lucy Taylor - Martin Tenn.</u>		ADDRESS			
18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c) *This does not mean the mode of dying, such as heart failure, ashenia, etc. It means the disease, injury, or complication which caused death.		1. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* <u>Gunshot wound of skull and brain; suffered when shot with gun in the hands of one, Richard Johnson, friend of deceased by one, Jimmie R. Buchanan, and one, Seaward, in house at #16 Garrison Ave., about 800 pm., Oct 2, 1958.</u>		INTERVAL BETWEEN ONSET AND DEATH	
2. ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.		3. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death (do not related to the disease or condition causing death)		20. AUTOPSY? YES <input checked="" type="checkbox"/> NO <input type="checkbox"/>	
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION		21. HOW DID INJURY OCCUR <u>E981X</u>	
21a. ACCIDENT SOURCE (Specify) <u>Shot</u>		21b. PLACE OF INJURY (e.g., in or about home, farm, boat, street, office bldg., etc.) <u>Home</u>		21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE) <u>St. Louis Mo.</u>	
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) <u>10 2 58 PM</u>		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 _____, 19____, to _____, 19____, that I last saw the deceased alive on _____, 19____, and that death occurred at <u>8:26 P.M.</u> , from the causes and on the date stated above.					
23a. SIGNATURE <u>James M Kelly</u>		23b. ADDRESS <u>1300 Clark</u>		23c. DATE SIGNED <u>10.6.58</u>	
24a. BURIAL, CREMATION, OR DISPOSITION (Specify) <u>Burial R.I.</u>		24b. DATE <u>10.7.1958</u>		24c. NAME OF CEMETERY OR CREMATORY <u>Martin Cemetery</u>	
24d. LOCATION (City, town, or county) (State) <u>Martin, Tennessee</u>		25. FUNERAL DIRECTOR'S SIGNATURE <u>J. Pearl Smith, M.D.</u>			
DATE REC'D BY LOCAL REGISTRAR'S SIGNATURE <u>OCT 6 '58</u>		ADDRESS <u>29.30 Dickson St.</u>			

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 *Leroy U. Barnista*

Licensed Embalmer No. *4523*

P. O. Address *4251 Wash*

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.