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THE DIVISION OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH

58-042338

STATE FILE NUMBER 10964

FILED DEC 5 1958

Registration District No. 318 Primary Registration District No. 1003 Registrar's No.

1. PLACE OF DEATH
a. COUNTY
b. CITY OR TOWN: St.Louis — Inside Limits: Yes [X] No [ ]
c. FULL NAME OF HOSPITAL OR INSTITUTION (If NOT in hospital, give location): St.Johns Hospt — Length of stay in 1b: 3 weeks.

2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)
a. STATE: Missouri b. COUNTY: St.Louis
c. CITY OR TOWN: Wellston — Inside Limits: Yes [X] No [ ]
d. STREET ADDRESS (If outside, give location): 6428 Ridge Ave. — Reside on Farm: Yes [ ] No [X]

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3. NAME OF DECEASED (Type or print): First: Katherine Middle: M Last: Taylor

4. DATE OF DEATH Month Day Year: 11-13-58

5. SEX: Female

6. COLOR OR RACE: White

7. MARITAL STATUS: MARRIED [X] NEVER MARRIED [ ] WIDOWED [ ] DIVORCED [ ]

8. DATE OF BIRTH: Aug.7 1894

9. AGE (In years last birthday): 64 — 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): Housework

10b. KIND OF BUSINESS OR INDUSTRY: At Home

11. BIRTHPLACE (City and state or country): St.Louis Co,Mo.

12. CITIZEN OF WHAT COUNTRY?: USA

13a. FATHER'S NAME: Fred Pilgrin

13b. MOTHER'S MAIDEN NAME: S Branneky

14. NAME OF HUSBAND OR WIFE: Alonzo Taylor

15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown): No (If yes, give war or dates of service)

16. SOCIAL SECURITY NO.: Unk.

17. INFORMANT: Alonzo Taylor Address: 6428 Ridge Ave.

USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE

All diseases in Part I must be causally related.

MEDICAL CERTIFICATION

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

PART I. DEATH WAS CAUSED BY:

IMMEDIATE CAUSE (a) Diabetes mellitis — INTERVAL BETWEEN ONSET AND DEATH: 25 yr.

Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.

DUE TO (b) Peripheral neuritis

DUE TO (c) 260X

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

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. I attended the deceased from June 20, '43, to Nov. 12, '58 and last saw her/him alive on Nov. 28, '58

Death occurred at 4:00 A.m on the date stated above; and to the best of my knowledge, from the causes stated.

22a. SIGNATURE Chas J. Murphy (Degree or title) M.D.

22b. ADDRESS 4143 W. Newstead

22c. DATE SIGNED 11/14/58

23a. BURIAL, CREMATION, REMOVAL (Specify): Removal

23b. DATE: 11-17-58

23c. NAME OF CEMETERY OR CREMATORY: Laurel Hill Cemetery

23d. LOCATION (City, town, or county) (State): St.Louis Co,Mo.

24. FUNERAL DIRECTOR: J.W.Clark F.H. ADDRESS: 1125 Rodiamont

25. DATE RECD. BY LOCAL REG.: NOV 14 '58

26. REGISTRAR'S SIGNATURE: J. Earl Smith M.D. S.P.

(Licensed Embalmer's Statement on Reverse Side)

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalme

by me, or by ....., Student Embalmer No. .....

working under my personal supervision.

Student .....
Signature of Student Embalmer

Signed Alfred F. Boedek

Licensed Embalmer No. 266

P. O. Address 1125 Hut

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