

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

58-042339

STATE FILE NUMBER
10369

FILED NOV 18 1958

Registration District No.

318

Primary Registration District No.

1003

Registrar's No.

1. PLACE OF DEATH a. COUNTY				2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE Missouri b. COUNTY St. Louis			
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN St. Louis		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>		c. CITY OR TOWN University City 14		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	
c. FULL NAME OF (IF NOT in hospital, give location) HOSPITAL OR INSTITUTION Deaconess Hosp.		Length of stay in 1b		d. STREET ADDRESS (If outside, give location) 27 6726 a Crest Ave.		Reside on Farm Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	
3. NAME OF DECEASED (Type or print) First Middle Last WILLARD R TAYLOR				4. DATE OF DEATH Month Day Year Oct. 29, 1958			
5. SEX male <input checked="" type="radio"/>	6. COLOR OR RACE white	7. MARRIED <input checked="" type="checkbox"/> NEVER MARRIED <input type="checkbox"/> WIDOWED <input type="checkbox"/> DIVORCED <input type="checkbox"/>	8. DATE OF BIRTH Oct. 7, 1899		9. AGE (In years last birthday) 59	10. F UNDER 1 YEAR Months Days	11. IF UNDER 24 HRS. Hours Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Driver		10b. KIND OF BUSINESS OR INDUSTRY Basic Materials		11. BIRTHPLACE (City and state or country) Unk.		12. CITIZEN OF WHAT COUNTRY? 9 U.S.A.	
13a. FATHER'S NAME Charles Taylor			13b. MOTHER'S MAIDEN NAME Clara Lasher			14. NAME OF HUSBAND OR WIFE Zelda Taylor	
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no <input checked="" type="checkbox"/> (if yes, give dates of service) none			16. SOCIAL SECURITY NO. <i>[scribble]</i>		17. INFORMANT Address Mrs. Zelda Taylor 6726 a. Crest Ave.		
18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c). PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) Generalized carcinomatosis Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. } DUE TO (b) Carcinoma of prostate DUE TO (c) <i>177x</i>						INTERVAL BETWEEN ONSET AND DEATH 2 months 4 yrs.	
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 Month, Day, Year a.m. p.m.							
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		COUNTY STATE	
21. I attended the deceased from 5-17-58 to 10-29-58 and last saw her/him alive on 10-28-58 Death occurred at 6:40 a. m on the date stated above; and to the best of my knowledge, from the causes stated.							
22a. SIGNATURE <i>C. E. Mueller</i> (Degree or title) M.D.			22b. ADDRESS Missouri Theater Building			22c. DATE SIGNED 10/29/1958	
23a. BURIAL, CREMATION, REMOVAL (Specify) removal		23b. DATE 10/31/58	23c. NAME OF CEMETERY OR CREMATORY Laurel Hill Cemetery		23d. LOCATION (City, town, or county) (State) St. Louis County Missouri.		
24. FUNERAL DIRECTOR ADDRESS C.R. Lupton and Sons 7233 Delmar Blvd.			25. DATE RECD. BY LOCAL REG. OCT 29 '58		26. REGISTRAR'S SIGNATURE <i>J. Earl Smith, M.D.</i>		

USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE

MEDICAL CERTIFICATION

All diseases in Part I must be causally related.

Missouri Theater Building
Jefferson 3-7469
Hours 2 To 4:30 P.M.

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 Arnold W. Schoene

Licensed Embalmer No. 3864
P. O. Address, St. Louis, Mo.

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.