

**FRI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH**

**59-030838**

**FILED VS SEP 11 1959**

**2 7911**

STATE FILE NUMBER

Registration District No. \_\_\_\_\_ Primary Registration District No. \_\_\_\_\_ Registrar's No. \_\_\_\_\_

1. PLACE OF DEATH a. COUNTY		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)	
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN <b>St. Louis</b>		Length of stay in 1b	c. CITY OR TOWN <b>St. Louis</b>
c. FULL NAME OF HOSPITAL OR INSTITUTION <b>Jewish Hospital</b>		Inside Limits Yes <input type="checkbox"/> No <input type="checkbox"/>	d. STREET ADDRESS (If outside, give location) <b>40 N. Kingshighway</b>
			Reside on Farm Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>

3. NAME OF DECEASED (Type or print) First Middle Last <b>Edward Lee Taylor</b>	4. DATE OF DEATH Month Day Year <b>August 24 1959</b>
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5. SEX <b>Male</b>	6. COLOR OR RACE <b>White</b>	7. Married <input type="checkbox"/> Never Married <input type="checkbox"/> Widowed <input type="checkbox"/> Divorced <input checked="" type="checkbox"/>	8. DATE OF BIRTH <b>10-10-1930</b>	9. AGE (last birthday) <b>28</b>	IF UNDER 1 YEAR Months Days Hours Min.	IF UNDER 24 HR
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10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <b>President</b>	10b. KIND OF BUSINESS OR INDUSTRY <b>7 Up Bottling Co.</b>	11. BIRTHPLACE (City and state or country) <b>St. Louis, Missouri</b>	12. CITIZEN OF WHAT COUNTRY <b>U.S.A.</b>
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13a. FATHER'S NAME <b>Edward Lee Taylor Sr.</b>	13b. MOTHER'S MAIDEN NAME <b>Ruth Clemens</b>	14. NAME OF HUSBAND OR WIFE <b>Rita Taylor</b>
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15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <b>No</b>	16. SOCIAL SECURITY NO. <b>NONE</b>	17. INFORMANT Address <b>Edward L. Taylor Sr. 8001 Rark Dr.</b>
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18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c). PART I. DEATH WAS CAUSED BY IMMEDIATE CAUSE (a) <b>Retes peritoneal Hemorrhage</b> DUE TO (b) <b>Hemorrhagic Nephritis of the Right Kidney and a cloudy swelling of the Left Kidney</b> DUE TO (c) <b>Subarachnoid Hemorrhage</b>	INTERVAL BETWEEN ONSET AND DEATH
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PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a) <b>Suffered in collision between car operated by deceased and another car operated by James Evans in the 6300 block of Wydown, Clayton, Mo.</b>	*PART III. If deceased was female was there a pregnancy in last 90 days. <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown
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19. WAS AUTOPSY PERFORMED? YES <input checked="" type="checkbox"/> NO <input type="checkbox"/>	20a. ACCIDENT <input type="checkbox"/> SUICIDE <input type="checkbox"/> HOMICIDE <input type="checkbox"/>	20b. DESCRIBE HOW INJURY OCCURRED (E.g., nature of injury, time, or place) <b>blacked out by driver, Clayton, Mo.</b>
20c. TIME OF INJURY Hour a.m. <b>245</b> Month, Day, Year <b>8 14 59</b>	20e. PLACE OF INJURY (e.g., in or about home, farm, factory street, office bldg., etc.) <b>30 Street</b>	20f. CITY, TOWN, OR LOCATION <b>Clayton, Missouri</b>

21. I attended the deceased from \_\_\_\_\_ to \_\_\_\_\_ and last saw her him alive on \_\_\_\_\_  
Death occurred at \_\_\_\_\_ on the date stated above, and to the best of my knowledge, from the causes stated.

22a. SIGNATURE (Degree or title) <b>Joseph M. Lupton</b>	22b. ADDRESS <b>1300 Club</b>	22c. DATE SIGNED <b>8/26/59</b>
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23a. BURIAL, CREMATION, REMOVAL (Specify) <b>Entombment</b>	23b. DATE <b>Aug 27 1959</b>	23c. NAME OF CEMETERY OR CREMATORY <b>Oak Grove Mausoleum</b>	23d. LOCATION (City, town, or county) <b>St. Louis Co., Mo.</b>
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24. FUNERAL DIRECTOR ADDRESS <b>C.R. Lupton &amp; Sons, St. Louis, Mo.</b>	25. DATE RECD. BY LOCAL REG. <b>AUG 26 '59</b>	26. REGISTRAR'S SIGNATURE <b>Earl Smith, M.D.</b>
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DOCUMENT

MEDICAL CERTIFICATION

BY A DEWIT OF

**STATEMENT BY LICENSED EMBALMER**

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by  
or by \_\_\_\_\_, Student Embalmer No. \_\_\_\_\_  
working under my personal supervision.

Student \_\_\_\_\_  
Signature of Student Embalmer

Signed Clarence H. Mur

Licensed Embalmer No. 4011

P. O. Address St. Louis

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.