OURL DIVISION OF HEALTH – STANDARD CERTIFICATE OF DEATH

FILED VS NOV 16 1959

59-042602

STATE FILE NUMBER

Registration District No. _____ Primary Registration District No. _____ Registrar's No. 2 9265

MENDED

1. PLACE OF DEATH
a. COUNTY

b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN: St. Louis — Length of stay in 1b

c. FULL NAME OF HOSPITAL OR INSTITUTION (If NOT in hospital, give location): DePaul Hospital — Inside Limits: Yes ☒ No ☐

2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)
a. STATE: Missouri — b. COUNTY: St. Louis

c. CITY OR TOWN: Clayton 32, — Inside Limits: Yes ☒ No ☐

d. STREET ADDRESS (If outside, give location): 73 Stoneyside Lane — Reside on Farm: Yes ☐ No ☒

3. NAME OF DECEASED (Type or print): First HAROLD — Middle J. — Last TAYLOR, SR.

4. DATE OF DEATH: Month October 9, Day 1959, Year

5. SEX: Male

6. COLOR OR RACE: White

7. Married ☒ Never Married ☐ Widowed ☐ Divorced ☐

8. DATE OF BIRTH: Mar 14, 1896

9. AGE (last birthday): 63 — IF UNDER 1 YEAR: Months / Days — IF UNDER 24 HR: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Supervisor, Grocery Co.

10b. KIND OF BUSINESS OR INDUSTRY: Grocer Co.

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

12. CITIZEN OF WHAT COUNTRY: USA

13a. FATHER'S NAME: Thomas Taylor

13b. MOTHER'S MAIDEN NAME: Molly Roberts

14. NAME OF HUSBAND OR WIFE: Evelyn C. Taylor

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

16. SOCIAL SECURITY NO.: 494-10-1754

17. INFORMANT: Mrs. E.C.Taylor, 73 Stoneyside, Clayton, 32, Mo.

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

PART I. DEATH WAS CAUSED BY:

IMMEDIATE CAUSE (a): Metastatic Carcinoma

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

DUE TO (b): Bronchogenic Carcinoma

DUE TO (c): 162.1

INTERVAL BETWEEN ONSET AND DEATH: 8 mo

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

PART III. If deceased was female was there a pregnancy in last 90 days. ☐ Yes ☐ No ☐ Unknown

19. WAS AUTOPSY PERFORMED? YES ☐ 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 May 1956, to Oct. '59 and last saw him alive on October 8, 1959

Death occurred at 2:30 A.M. m on the date stated above, and to the best of my knowledge, from the causes stated.

22a. SIGNATURE (Degree or title): Nelson Elkins M.D.

22b. ADDRESS: 8505 Delmar Blvd

22c. DATE SIGNED: Oct 9 59

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

23b. DATE: Oct 12, 1959

23c. NAME OF CEMETERY OR CREMATORY: Natl.Cem., J.B., Mo.

23d. LOCATION (City, town, or county) (State): St. Louis County, Missouri

24. FUNERAL DIRECTOR — ADDRESS: C.R. Lupton & Sons, 7233 Delmar

25. DATE RECD. BY LOCAL REG.: OCT 9 '59

26. REGISTRAR'S SIGNATURE: Earl Smith, M.D. MDB.

(Licensed Embalmer's Statement on Reverse Side)

MEDICAL CERTIFICATION

BY AFFIDAVIT OF DOCUMENT

Mr. Harold J. Taylor Sr.
City Vice

STATEMENT BY LICENSED EMBALMER

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

or by _____, Student Embalmer No._____

working under my personal supervision.

Student_____ Signed Arnold W. Schoene

Signature of Student Embalmer

Licensed Embalmer No. 3864

P. O. Address St. Louis, M

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