

RI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

-60-036807

FILED VS OCT 10 1960 317

Registration District No. _____ Primary Registration District No. 548 Registrar's No. 2927 STATE FILE NUMBER

IDED

10-24-60

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488-07-3509

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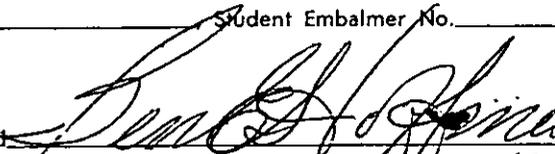
DOCUMENT
funeral director
MEDICAL CERTIFICATION

1. PLACE OF DEATH a. COUNTY <u>St. Louis</u>				2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE <u>Missouri</u> b. COUNTY <u>St. Louis</u>			
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN <u>Webster Groves</u>		Length of stay in lb <u>23 yrs.</u>		c. CITY OR TOWN <u>Webster Groves</u>		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION <u>675 W. Lockwood</u>			Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>		d. STREET ADDRESS (If outside, give location) <u>675 W. Lockwood</u>		Reside on Farm Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>
3. NAME OF DECEASED (Type or print) First <u>THOMAS</u> Middle <u>ROBERTSON</u> Last <u>TAYLOR</u>				4. DATE OF DEATH Month <u>October</u> Day <u>6</u> Year <u>1960</u>			
5. SEX <u>Male</u>	6. COLOR OR RACE <u>White</u>	7. Married <input checked="" type="checkbox"/> Never Married <input type="checkbox"/> Widowed <input type="checkbox"/> Divorced <input type="checkbox"/>		8. DATE OF BIRTH <u>1-10-1887</u>	9. AGE (last birthday) <u>73</u>	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) <u>Retired Sales Mgr.</u>			10b. KIND OF BUSINESS OR INDUSTRY <u>Crane Co.</u>		11. BIRTHPLACE (City and state or country) <u>St. Louis, Mo.</u>		12. CITIZEN OF WHAT COUNTRY <u>USA</u>
13a. FATHER'S NAME <u>John J. Taylor</u>			13b. MOTHER'S MAIDEN NAME <u>Mary Robertson</u>			14. NAME OF HUSBAND OR WIFE <u>Lucile Taylor</u>	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <u>No</u>		16. SOCIAL SECURITY NO. <u>488-07-3509</u>		17. INFORMANT <u>Webster Groves, Mo.</u> <u>Lucile Taylor-675 W. Lockwood</u>			
18. CAUSE OF DEATH (Enter only one cause per line for PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) <u>Pulmonary edema</u> DUE TO (b) <u>Metastatic carcinoma</u> DUE TO (c) <u>Adenocarcinoma of colon</u> Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.							INTERVAL BETWEEN ONSET AND DEATH <u>1 hour</u>
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. <input type="checkbox"/> Yes <input type="checkbox"/> N. <input type="checkbox"/> Unknown	
19. WAS AUTOPSY PERFORMED? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	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 _____ a.m. _____ p.m. Month, Day, Year _____				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 <u>13 Nov 59</u> to <u>6 Oct 60</u> and last saw ^{her} _{him} alive on <u>5 Oct 60</u> Death occurred at <u>5:15 A</u> m on the date stated above, and to the best of my knowledge, from the causes stated.							
22a. SIGNATURE <u>James F. Michel, M.D.</u> (Degree or title)			22b. ADDRESS <u>#53 Maryland Plaza St Louis 18, Mo.</u>			22c. DATE SIGNED <u>6 Oct 60</u>	
23b. BURIAL (CREMATION, REMOVAL (Specify) <u>Burial</u>		23b. DATE <u>10-8-1960</u>	23c. NAME OF CEMETERY OR CREMATORY <u>Oak Hill</u>		23d. LOCATION (City, town, or county) <u>Kirkwood 22, Mo.</u>		(State)
24. FUNERAL DIRECTOR <u>Pfitzinger Mort-Kirkwood 22, Mo.</u> ADDRESS				25. DATE RECD. BY LOCAL REG. <u>10-6-60</u>		26. REGISTRAR'S SIGNATURE <u>[Signature]</u>	

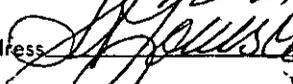
STATEMENT BY LICENSED EMBALMER

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

Student _____
Signature of Student Embalmer

Signed  _____

Licensed Embalmer No. 

P. O. Address 

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.