

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 St. Louis,		c. CITY OR TOWN St. Louis,	
Length of stay in 1b		Inside Limits Yes <input type="checkbox"/> No <input type="checkbox"/>	
c. FULL NAME OF (IF NOT in hospital, give location) HOSPITAL OR INSTITUTION Bernard Nursing Home,		d. STREET ADDRESS (If outside, give location) 4385 Maryland Ave.,	
Inside Limits Yes <input type="checkbox"/> No <input type="checkbox"/>		Reside on Farm Yes <input type="checkbox"/> No <input type="checkbox"/>	

3. NAME OF DECEASED (Type or print) First Olive Middle M. Last Taylor,			4. DATE OF DEATH Month November Day 1, Year 1960		
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5. SEX Female.	6. COLOR OR RACE White,	7. Married <input type="checkbox"/> Never Married <input type="checkbox"/> Widowed <input checked="" type="checkbox"/> Divorced <input type="checkbox"/>	8. DATE OF BIRTH 4/8/1873	9. AGE (last birthday) 87		IF UNDER 1 YEAR Months _____ Days _____		IF UNDER 24 HR Hours _____ Min. _____	
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10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) At Home,	10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (City and state or country) Remington, Ohio,	12. CITIZEN OF WHAT COUNTRY U.S.A.
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13a. FATHER'S NAME John B. Hardin,	13b. MOTHER'S MAIDEN NAME Julia Forward,	14. NAME OF HUSBAND OR WIFE Harry F. Taylor, (dec'd).
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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) No	16. SOCIAL SECURITY NO. None	17. INFORMANT Harry F. Taylor, Son.	Address 1356 Tahiti Dr., Crestwood, Mo.
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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:		INTERVAL BETWEEN ONSET AND DEATH 2 yrs?
IMMEDIATE CAUSE (a) Atherosclerotic heart disease		
DUE TO (b) _____		
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.		DUE TO (c) 420.0

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 checked="" type="checkbox"/> No <input type="checkbox"/> Unknown		
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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.)
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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
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21. I attended the deceased from January 30 1959 to Nov 1 1960 and last saw ^{her} _{him} alive on Nov 1 1960 Death occurred at 5:50 P.M. m on the date stated above, and to the best of my knowledge, from the causes stated.

22a. SIGNATURE Island Steffer M.D.	(Degree or title)	22b. ADDRESS 100 N. Euclid St. Home Mo	22c. DATE-SIGNED 11/2/60
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23a. BURIAL, CREMATION, REMOVAL (Specify) Removal.	23b. DATE 11/2/60	23c. NAME OF CEMETERY OR CREMATORY Springrose Cemetery,	23d. LOCATION (City, town, or county) Cincinnati, Ohio.	(State)
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24. FUNERAL DIRECTOR Gebken-Benz Mortuary,	ADDRESS 2842 Meramec St., St. Louis 18, Mo.	25. DATE RECD. BY LOCAL REG. NOV 2 1960	26. REGISTRAR'S SIGNATURE Earl Smith, M.D.
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DOCUMENT

MEDICAL CERTIFICATION

BY AFFIDAVIT 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 Herbert J. Lane Jr.

Licensed Embalmer No. 4800

P. O. Address Kirkwood

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