

MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

178262-008825
STATE FILE NUMBER

318 Primary Registration District No. 1003 Registrar's No.

DO NOT WRITE ON THIS STUB

AMENDED

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FILED FEB 23 1962

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Rev. 4/59

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DATE AMENDED

AMENDMENTS ON THIS RECORD ARE AS FOLLOWS

INSTEAD OF

SHOULD READ

DOCUMENT

MEDICAL CERTIFICATION

BY AFFIDAVIT OF

1. PLACE OF DEATH
a. COUNTY Missouri

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

b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN St. Louis Length of stay in lb
c. CITY OR TOWN St. Louis Inside Limits Yes No

c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION St. Louis - Little Rock Hospitals, Inc. Inside Limits Yes No d. STREET ADDRESS (If outside, give location) 6337 Virginia Ave Reside on Farm Yes No

3. NAME OF DECEASED (Type or print) First Middle Last George Freeman Taylor 4. DATE OF DEATH Month Day Year February 11, 1962

5. SEX Male 6. COLOR OR RACE White 7. Married Never Married Widowed Divorced 8. DATE OF BIRTH 3-3-1913 9. AGE (last birthday) 48 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) Locomotive Fireman 10b. KIND OF BUSINESS OR INDUSTRY Railroad 11. BIRTHPLACE (City and state or country) Bismarck, Mo. 12. CITIZEN OF WHAT COUNTRY U.S.

13a. FATHER'S NAME Sterling A. Taylor 13b. MOTHER'S MAIDEN NAME Laura Keay 14. NAME OF HUSBAND OR WIFE Dorothy Taylor

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) No 17. INFORMANT Address Dorothy Taylor, 6337 Virginia

18. CAUSE OF DEATH (Enter only one cause per line for ¹ or ² or ³)
PART I. DEATH WAS CAUSED BY:
IMMEDIATE CAUSE (a) Myocardial infarction, acute, 1 hour
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. DUE TO (b) 4201
DUE TO (c)
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 Month, Day, Year a.m. p.m.

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 February 11, 1962 to February 11, 1962 and last saw her alive on 2/5/62
Death occurred at 4:20 A.M. m on the date stated above, and to the best of my knowledge, from the causes stated.

22a. SIGNATURE (Degree or title) R.C. Freeman, M.D. 22b. ADDRESS 1755 South Grand Blvd. 22c. DATE SIGNED 2/14/62

23a. BURIAL, CREMATION, REMOVAL (Specify) Removal 23b. DATE 2-11-62 23c. NAME OF CEMETERY OR CREMATORY Mann Cemetery 23d. LOCATION (City, town, or county) Near Annapolis, Mo.

24. FUNERAL DIRECTOR ADDRESS Gish Funeral Home - Piedmont, Mo. 25. DATE RECD. BY LOCAL REG. FEB 13 1962 26. REGISTRAR'S SIGNATURE Carl Smith, M.D.

USE BLACK INK OR TYPEWRITER RIBBON

