

MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

-62-013252

Registration District No. **318** Primary Registration District No. **1003** Registrar's No. **3663E** STATE FILE NUMBER

DO NOT WRITE ON THIS STUB

AMENDED

**FILED APR 12 1962**

1. PLACE OF DEATH  
 a. COUNTY \_\_\_\_\_  
 b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN **St. Louis, Mo.** Length of stay in 1b **25 yrs. 15 days.**  
 c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION **St. Louis State Hospital** Inside Limits Yes  No

2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)  
 a. STATE **Mo.** b. COUNTY \_\_\_\_\_  
 c. CITY OR TOWN **St. Louis** Inside Limits Yes  No   
 d. STREET ADDRESS (If outside, give location) **818a Rutger** Residence on Farm Yes  No

3. NAME OF DECEASED (Type or print) First Middle Last 4. DATE OF DEATH Month Day Year  
**LUCILLE TAYLOR** April 6th, 1962

5. SEX **Female** 6. COLOR OR RACE **White** 7. Married  Never Married  Widowed  Divorced  8. DATE OF BIRTH **2/5/1902** 9. AGE (last birthday) **60 yrs.** 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, given if retired) **formerly: Shoe factory** 10b. KIND OF BUSINESS OR INDUSTRY **Piedmont, Mo. ~~MISSOURI STATE HOSPITAL~~** 11. BIRTHPLACE (City and state or country) **Piedmont, Mo.** 12. CITIZEN OF WHAT COUNTRY **U.S.A.**

13a. FATHER'S NAME **Green Wilson** 13b. MOTHER'S MAIDEN NAME **Rose Dunegan** 14. NAME OF HUSBAND OR WIFE **Harry Taylor**

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) **no** (If yes, give war or dates of service) 16. SOCIAL SECURITY NO. **None** 17. INFORMANT **Records, St. Louis State Hospital** Address \_\_\_\_\_

18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).)  
 PART I. DEATH WAS CAUSED BY:  
 IMMEDIATE CAUSE (a) **Septicemia**  
 DUE TO (b) **Rt. Bronchopneumonia**  
 DUE TO (c) **491XB**  
 Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.

PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a) **Anemia, Decubitis ulcer & CNS lues** 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 **3-22-37** to **4-6-62** and last saw her <sup>her</sup> <sub>him</sub> alive on **4-6-62**  
 Death occurred at **3:05 A.m.** on the date stated above, and to the best of my knowledge, from the causes stated.

22a. SIGNATURE **Richard T. Quick, M.D.** (Degree or title) 22b. ADDRESS **5400 Arsenal St.** 22c. DATE SIGNED **4-6-62**

23a. BURIAL, CREMATION, REMOVAL (Specify) **Removal** 23b. DATE **4-6-62** 23c. NAME OF CEMETERY OR CREMATORY **Masonic Cemetery** 23d. LOCATION (City, town, or county) (State) **Piedmont, Mo.**

24. FUNERAL DIRECTOR **Albert H. Hoppe, Inc., 4700 Washington Blvd.** ADDRESS \_\_\_\_\_ 25. DATE REC'D. BY **APR 6 1962** REG. BY **Loan Smith, M.D.** REGISTRAR'S SIGNATURE

DATE AMENDED

AMENDMENTS ON THIS RECORD ARE AS FOLLOWS INSTEAD OF

ITEM NO. SHOULD READ

DOCUMENT

MEDICAL CERTIFICATION

BY AFFIDAVIT OF

USE BLACK INK OR TYPEWRITER RIBBON

VS 300 Rev. 4/59

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APR 6 1962

**STATEMENT BY LICENSED EMBALMER**

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

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

Signed J. W. M. Bumbley  
Licensed Embalmer No. 3653

P. O. Address St. Louis Mo

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.