MISSOURI DIVISION OF HEALTH – STANDARD CERTIFICATE OF DEATH

DEPARTMENT OF PUBLIC HEALTH AND WELFARE

-62-043229

STATE FILE NUMBER

Registration District No. 162 Primary Registration District No. 5594 Registrar's No. 142

FILED DEC 7 1962

DO NOT WRITE ON THIS STUB — AMENDED

VS 300 Rev. 4/59

1	6500
2	4005
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USE BLACK INK OR TYPEWRITER RIBBON

AMENDMENTS ON THIS RECORD ARE AS FOLLOWS: DATE AMENDED / INSTEAD OF / SHOULD READ / ITEM NO. / BY AFFIDAVIT OF / DOCUMENT

1. PLACE OF DEATH
a. COUNTY: JEFFERSON
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN: RURAL-MERAMEC — Length of stay in 1b: 6 yrs 10 mos 7d
c. FULL NAME OF HOSPITAL OR INSTITUTION (If NOT in hospital, give location): ST. Joseph's Hill Infirmary — Inside Limits: Yes ☒ No ☐

2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)
a. STATE: Mo. b. COUNTY: ST. LOUIS
c. CITY OR TOWN: RICHMOND HEIGHTS — Inside Limits: Yes ☒ No ☐
d. STREET ADDRESS (If outside, give location): 7739 Arthur — Reside on Farm: Yes ☐ No ☒

3. NAME OF DECEASED (Type or print): First FRANK Middle A Last TAYLOR

4. DATE OF DEATH: Month NOVEMBER Day 20 Year 1962

5. SEX: M
6. COLOR OR RACE: W
7. Married ☐ Never Married ☐ Widowed ☐ Divorced ☒
8. DATE OF BIRTH: June 22 1889
9. AGE (last birthday): 73 — 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): RETIRED - AWNING CO.
10b. KIND OF BUSINESS OR INDUSTRY: LABORER
11. BIRTHPLACE (City and state or country): ST. LOUIS, MO.
12. CITIZEN OF WHAT COUNTRY: U.S.A.

13a. FATHER'S NAME: ALEXANDER G. TAYLOR
13b. MOTHER'S MAIDEN NAME: MARY DEMPSEY
14. NAME OF HUSBAND OR WIFE: IDA KELLEHER

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service): NAVY W.W. I
16. SOCIAL SECURITY NO.:
17. INFORMANT: Bro. Roch — Address: St. Joseph's Hill Infirmary Eureka

MEDICAL CERTIFICATION

18. CAUSE OF DEATH (Enter only one cause per line for PART I.) DEATH WAS CAUSED BY:
IMMEDIATE CAUSE (a): Cardiac decompensation — INTERVAL BETWEEN ONSET AND DEATH: 2 days
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.
DUE TO (b): arteriosclerotic hypertensive
DUE TO (c): Cardiovascular disease

PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a): Old Cerebro-vascular accident

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 1960, to Nov 1962 and last saw ~~her~~ him alive on 11/14/1962
Death occurred at 430 pm 4:30p. m on the date stated above, and to the best of my knowledge, from the causes stated.

22a. SIGNATURE (Degree or title): Patrick C. Hogan MD
22b. ADDRESS: 3654 South Grand St Louis 18
22c. DATE SIGNED: 11/21/62

23a. BURIAL, CREMATION, REMOVAL (Specify): Removal
23b. DATE: 11-24-62
23c. NAME OF CEMETERY OR CREMATORY: Calvary Cemetery
23d. LOCATION (City, town, or county) (State): St. Louis Mo.

24. FUNERAL DIRECTOR — ADDRESS: J.W.Clark F.H.1125 Hodiamont Ave.
25. DATE RECD. BY LOCAL REG.: 11-24-62
26. REGISTRAR'S SIGNATURE: Robert E. Bauer

(Licensed Embalmer's Statement on Reverse Side)

DEC 10 1962

Dr. Patrick Hogan
3654 So. Grand Ave. 6-8pm

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 _____ Signed _____
Signature of Student Embalmer

Licensed Embalmer No. 454

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.