

MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

DEPARTMENT OF PUBLIC HEALTH AND WELFARE

63-018296

Registration District No. **318**

Primary Registration District No. **1003**

Registrar's No. **3959**

STATE FILE NUMBER

DO NOT WRITE ON THIS STUB

AMENDED

VS 300
Rev. 4/59

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DATE AMENDED

AMENDMENTS ON THIS RECORD ARE AS FOLLOWS

INSTEAD OF

SHOULD READ

ITEM NO.

DOCUMENT

MEDICAL CERTIFICATION

BY AFFIDAVIT OF

FILED APR 17 1963

1. PLACE OF DEATH a. COUNTY		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE Mo. b. COUNTY	
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 checked="" type="checkbox"/> No <input type="checkbox"/>	
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION INCARNATE WORD HOSP.		d. STREET ADDRESS (If outside, give location) 4416 HUNT AVE. (10)	
Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>		Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	

3. NAME OF DECEASED (Type or print) First Middle Last CHARLES W. TAYLOR			4. DATE OF DEATH Month Day Year 4/7/63		
5. SEX MALE	6. COLOR OR RACE WHITE	7. Married <input checked="" type="checkbox"/> Never Married <input type="checkbox"/> Widowed <input type="checkbox"/> Divorced <input type="checkbox"/>	8. DATE OF BIRTH 3/6/1900	9. AGE (last birthday) 63 YRS.	IF UNDER 1 YEAR Months Days Hours Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) SHIPPING CLERK		10b. KIND OF BUSINESS OR INDUSTRY JEWELRY IND.		11. BIRTHPLACE (City and state or country) TILDEN, ILLINOIS	
12. CITIZEN OF WHAT COUNTRY USA		13a. FATHER'S NAME WILLIAM TAYLOR			
13b. MOTHER'S MAIDEN NAME ANNA RAINEY		14. NAME OF HUSBAND OR WIFE FRANCES SMITH TAYLOR			
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, or unknown) (If yes, give way or dates of service) YES W.W. II			16. SOCIAL SECURITY NO.		
17. INFORMANT Address FRANCES TAYLOR 4416 HUNT AVE. (10)			18. CAUSE OF DEATH (Enter only one cause per line) PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a)		

IMMEDIATE CAUSE (a) Squamous cell Carcinoma of left lung.	INTERVAL BETWEEN ONSET AND DEATH 3 months
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. DUE TO (b)	163x
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. <input type="checkbox"/> Yes <input 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			
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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 9/14/62 to 4/7/63 and last saw him alive on 4/7/63
 Death occurred at 5:00 A.M. on the date stated above, and to the best of my knowledge, from the causes stated.

22a. SIGNATURE (Degree or title) <i>John J. Hennelly M.D.</i>	22b. ADDRESS 6500 Chippewa St. St. Louis 9, Mo.	22c. DATE SIGNED 4/8/63
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23a. BURIAL, CREMATION, REMOVAL (Specify) REMOVAL	23b. DATE 4/10/63	23c. NAME OF CEMETERY OR CREMATORY NATIONAL CEMETERY	23d. LOCATION (City, town, or county) JEFFERSON BARRACKS, MO.
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24. FUNERAL DIRECTOR ADDRESS E. J. SCHNUR 3125 LAFAYETTE	25. DATE RECD. BY LOCAL REG. APR 8 1963	26. REGISTRAR'S SIGNATURE <i>Earl Smith, M.D.</i>
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USE BLACK INK OR TYPEWRITER RIBBON

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BY AFFIDAVIT OF

1500 Chapman 1-5-57 No 10083

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 Stanley F. Dixon
Licensed Embalmer No. 4193
P. O. Address St. Louis

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.