

FILED SEP 2 1954

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

29267

State File No. ....

7422

BIRTH NO. .... REG. DIST. NO. 318 PRIMARY REG. DIST. NO. 1003 Registrar's No. ....

|  |  |   |  |
|--|--|---|--|
| 1. PLACE OF DEATH<br>a. COUNTY   |  | 2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).<br>a. STATE<br><u>Mo</u><br>b. COUNTY  |  |
| b. CITY (If outside corporate limits, write RURAL and give township)<br>OR<br>TOWN <u>St. Louis</u>  |  | c. LENGTH OF STAY (In this place)<br><u>3yrs</u>  | c. CITY OR TOWN <u>St. Louis</u>   |
| d. FULL NAME OF HOSPITAL OR INSTITUTION <u>Congress Hotel</u>  |  | d. Is Residence within limits of a city or incorporated town?<br>Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>  |  |
| 3. NAME OF DECEASED<br>(Type or Print)<br>a. (First) <u>Amadee</u><br>b. (Middle) <u>Jolivet</u><br>c. (Last) <u>Taussig</u>   |  | 4. DATE OF DEATH<br>(Month) (Day) (Year)<br><u>Aug. 9, 1954</u>   |  |
| 5. SEX<br><u>M</u>   | 6. COLOR OR RACE<br><u>W</u>   | 7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify)<br><u>Married</u>  | 8. DATE OF BIRTH<br><u>July 21, 1881</u>                                 |
| 9. AGE (In years last birthday)<br><u>73yrs</u>  |  | IF UNDER 1 YEAR<br>Months   | IF UNDER 24 HRS.<br>Hours   Min.   |
| 10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)<br><u>Retired Mining Eng.</u>  |  | 10b. KIND OF BUSINESS OR INDUSTRY<br><u>Self Employed</u>   | 11. BIRTHPLACE (City and State or Foreign Country) <u>St. Louis, Mo.</u> |
| 12. CITIZEN OF WHAT COUNTRY?<br><u>USA</u>   |  | 13a. FATHER'S NAME<br><u>Hubert Primm Taussig</u>   |  |
| 13b. MOTHER'S MAIDEN NAME<br><u>Amanda Jolivet</u>   |  | 14. NAME OF HUSBAND OR WIFE<br><u>Emily V. Taussig</u>  |  |
| 15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service)<br><u>No</u>  |  | 16. SOCIAL SECURITY NO.<br><u>None</u>  |  |
| 17. INFORMANT'S SIGNATURE OR NAME<br><u>Mrs. Gladys Lang</u>   |  | ADDRESS<br><u>5965 Cabanne Ave.</u>   |  |
| 18. CAUSE OF DEATH<br>Enter only one cause per line for (a), (b), and (c)<br><br>*This does not mean the mode of dying, such as heart failure, asphyxia, etc. It means the disease, injury, or complication which caused death.  |  | MEDICAL CERTIFICATION<br>I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Myocardial Infarction</u><br>ANTECEDENT CAUSES<br>DUE TO (b) <u>Coronary thrombosis</u><br>DUE TO (c) <u>Atherosclerotic Cardiovascular disease</u><br>II. OTHER SIGNIFICANT CONDITIONS<br>Conditions contributing to the death but not related to the disease or condition causing death.<br><u>Cerebral thrombosis</u> |  |
| INTERVAL BETWEEN ONSET AND DEATH<br><u>minutes</u>   |  | minutes   |  |
| years  |  | years   |  |
| 19a. DATE OF OPERATION   | 19b. MAJOR FINDINGS OF OPERATION   | 20. AUTOPSY?<br>YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>   |  |
| 21a. ACCIDENT SUICIDE HOMICIDE (Specify)   | 21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)               | 21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)   |  |
| 21d. TIME OF INJURY (Month) (Day) (Year) (Hour)  | 21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/> | 21f. HOW DID INJURY OCCUR?<br><u>4201</u>   |  |
| 22. I hereby certify that I attended the deceased from <u>Jan.</u> , 19 <u>52</u> , to <u>August 9, 1954</u> , that I last saw the deceased alive on <u>July 8</u> , 19 <u>54</u> , and that death occurred at <u>8:45 p. m.</u> , from the causes and on the date stated above. |  |   |  |
| 23a. SIGNATURE (Degree or title)<br><u>Dr. Barrett Taussig / A. Bernbaum, M.D.</u>   |  | 23b. ADDRESS<br><u>457 N. Kings Highway</u>   | 23c. DATE SIGNED<br><u>8/10/54</u>                                       |
| 24a. BURIAL, CREMATION, REMOVAL (Specify)<br><u>Burial</u>   | 24b. DATE<br><u>Aug. 11, 1954</u>  | 24c. NAME OF CEMETERY OR CREMATORY<br><u>Bellefontaine Cemetery</u>   | 24d. LOCATION (City, town, or county) (State)<br><u>St. Louis Mo.</u>    |
| DATE REC'D BY LOCAL REG.<br><u>AUG 11 1954</u>   | REGISTRAR'S SIGNATURE<br><u>J. Carl Smith</u>  | 25. FUNERAL DIRECTOR'S SIGNATURE<br><u>Mrs. Alexander &amp; Sons</u>  | ADDRESS<br><u>6125 Delmar</u>  |

(Licensed Embalmer's Statement on Reverse Side)

WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

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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 *Jos. E. McCulloch*.....

Licensed Embalmer No. *246*.....

P. O. Address *6175 Dell*.....

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.