MISSOURI STATE BOARD OF HEALTH
BUREAU OF VITAL STATISTICS
CERTIFICATE OF DEATH

31117
Do not use this space.

REC'D OCT 12 1938

Registration District No. 791
Primary Registration District No. 1003
Registered No. 8554

1. PLACE OF DEATH
(a) County
(b) Township
(c) City St. Louis
(d) Street No. City Hospital St.
(If death occurred in Hospital or Institution, write its name instead of street and number)
(e) Length of residence in city or town where death occurred yrs. mos. ds. (f) How long in U. S., if of foreign birth? yrs. mos. ds.
D. 9414

2. PRINT FULL NAME Clara Taylor Hbr
(a) Residence, No. 7114 Vermont St. 1
(Usual place of abode, if no street address, write county or city) (If nonresident, give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: female
4. COLOR OR RACE: white
5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (*write the word*): married

5A. IF MARRIED, WIDOWED, OR DIVORCED
HUSBAND OF (OR) WIFE OF Joby Taylor

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Nov 25, 1884

7. AGE YEARS	MONTHS	DAYS	If LESS than 1 day, ...hrs. or ....min.
53	10	3	

OCCUPATION
8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc.
9. Industry or business in which work was done, as saw mill, bank, etc. hwk
10. Date deceased last worked at this occupation (month and year)
11. Total time (years) spent in this occupation

12. BIRTHPLACE (CITY OR TOWN) Oakville 0
(STATE OR COUNTRY) Missouri

FATHER
13. NAME Paul Muench 6
14. BIRTHPLACE (CITY OR TOWN) Germany 6
(STATE OR COUNTRY)

MOTHER
15. MAIDEN NAME Catherine Steinhauer
16. BIRTHPLACE (CITY OR TOWN) Belleville,
(STATE OR COUNTRY) Germany Mo.

17. INFORMANT Loraine Taylor, daughter
(ADDRESS) 7114 Vermont

18. BURIAL, CREMATION, OR REMOVAL
PLACE Park Lawn DATE 10- 1, 38

19. FUNERAL DIRECTOR (NAME) Southern Funeral Home
(ADDRESS) 6322 S. Grand Blvd.

20. FILED SEP 30 1938 J. J. Bredeck
Local Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Sept 28, 1938

22. I HEREBY CERTIFY, That I attended deceased from Sept 27, 1938 to Sept 28, 1938
I last saw her alive on Sept 29, 1938 Death is said to have occurred on the date stated above, at 1.20 a m.
The principal cause of death and related causes of importance were as follows:

	Date of onset
Carcinoma of liver	?

Other contributory causes of importance:

Name of operation None Date of
What test confirmed diagnosis? Clinical Was there an autopsy? No

23. If death was due to external causes (violence), fill in also the following:
Accident, suicide, or homicide? Date of injury, 19
Where did injury occur?
(Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place.
Manner of injury
Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No
If so, specify
(Signed) Roy L Phillips M. D.
(Address) ~~7114 Vermont~~ 7702 Gravois Ave

(Licensed Embalmer's Statement on Reverse Side)

CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important.

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, ...

WILSON COLLINS ....., or by .....

Registered Apprentice No....., working under my personal supervision.

Signed Wilson Collins

Licensed Embalmer No. 3887

P. O. Address.....

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to co with the above constitutes grounds for revocation of license.)

If this body is not embalmed, above space should be left blank.