

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

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important.

Registration District No. **791** Primary Registration District No. _____

1. PLACE OF DEATH:
(a) County 1
(b) City or town St. Louis
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: Homer Phillips Hospital
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution Since 4/29/39
(Specify whether _____)
In this community _____
years, months or days)

3. (a) PRINT FULL NAME 460 Isabel Shearor Taylor
3. (b) If veteran, name war _____ 3. (c) Social Security No. _____

4. Sex F 5. Color or race C 6. (a) Single, widowed, married, divorced Married
6. (b) Name of husband or wife Thomas Taylor 6. (c) Age of husband or wife if alive 45 years
7. Birth date of deceased September 26, 1897
(Month) (Day) (Year)

8. AGE: Years 41 Months 10 Days 8 If less than one day _____ hr. _____ min.

9. Birthplace Illinois
(City, town, or county) (State or foreign country)

10. Usual occupation Housework

11. Industry or business _____
MOTHER FATHER { 12. Name Alec Austin
13. Birthplace Virginia
(City, town, or county) (State or foreign country)
14. Maiden name Alabama Davis
15. Birthplace Alabama
(City, town, or county) (State or foreign country)

16. (a) Informant's own signature Dorothy Lay
(b) Address 2927^{1/2} Lucas Ave

17. (a) Burial (b) Date thereof 8/10/39
(Burial, cremation, or removal) (Month) (Day) (Year)
(c) Place: burial or cremation Washington Park

18. (a) Signature of funeral director Jas. H. Randle & Son
(b) Address 3133 Bell Avenue

19. AUG 9 1939 (b) J. H. Bredeck
(Date received local Registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:
(a) State Missouri (b) County 1
(c) City or town St. Louis 21
(If outside city or town limits, write "RURAL")
(d) Street No. 2927 Lucas
(If rural, give location)
(e) If foreign born, how long in U. S. A.? _____ years.

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Aug. day 4
year 1939 hour 8 minute 45 p. M.

21. I hereby certify that I attended the deceased from Apr. 29, 1939
to Aug. 4, 1939;
that I last saw her alive on Aug. 4, 1939
and that death occurred on the date and hour stated above.

Immediate cause of death Hypertensive heart disease
Duration abt. 3
years

Due to --
Due to --

Other conditions chronic hepatitis
(Include pregnancy within 3 months of death)

Major findings: --
Of operations --
Of autopsy --
PHYSICIAN _____
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide (specify) _____
(b) Date of occurrence _____
(c) Where did injury occur? _____
(City or town) (County) (State)
(d) Did injury occur in or about home, on farm, in industrial place, in public place? _____

While at work? _____ (Specify type of place)
(e) Means of injury _____

23. Signature H. J. Lyman (M. D. or other)
Address 26017^{1/2} Whittier Date signed 8/7/39

3627^e

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 Mary

Registered Apprentice No. 1

working under my personal supervision.

Signed

M. C. Houston

Licensed Embalmer No. 2266

P. O. Address 2812 Thomas St.

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