

REC'D OCT 14 1939 91  
1008

Registration District No. \_\_\_\_\_ Primary Registration District No. \_\_\_\_\_

1. PLACE OF DEATH:

(a) County \_\_\_\_\_

(b) City or town St. Louis  
(If outside city or town limits, write "RURAL" and name of township)

(c) Name of hospital or institution: BARNES HOSPITAL  
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution 15 Days  
(Specify whether years, months or days)

In this community 50 years

3. (a) PRINT FULL NAME Emily Taylor 460

3. (b) If veteran, name war \_\_\_\_\_

3. (c) Social Security No. \_\_\_\_\_

4. Sex Female

5. Color or race White

6. (a) Single, widowed, married, divorced Single

6. (b) Name of husband or wife \_\_\_\_\_

6. (c) Age of husband or wife if alive \_\_\_\_\_ years

7. Birth date of deceased March 22 1870  
(Month) (Day) (Year)

8. AGE: Years Months Days If less than one day

67	6	1	_____ hr. _____ min.
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9. Birthplace Richmond Virginia  
(City, town, or county) (State or foreign country)

10. Usual occupation Principal Stix School

11. Industry or business \_\_\_\_\_

12. Name Robert Temple Taylor

13. Birthplace Richmond Virginia  
(City, town, or county) (State or foreign country)

14. Maiden name Julia A. Wooldridge

15. Birthplace Richmond Virginia  
(City, town, or county) (State or foreign country)

16. (a) Informant's own signature Miss P. Taylor

(b) Address 1916 McCausland

17. (a) Burial (Burial, cremation, or removal)

(b) Date thereof 9-28-39  
(Month) (Day) (Year)

(c) Place: burial or cremation Valhalla

18. (a) Signature of funeral director Alexander & Sons

(b) Address 6175 Delmar Blvd

19. (a) SEP 25 1939 (Date received local registrar)

(b) J. F. Bredet (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County \_\_\_\_\_

(c) City or town St. Louis 4  
(If outside city or town limits, write "RURAL")

(d) Street No. 1915 McCausland Ave.  
(If rural, give location)

(e) If foreign born, how long in U. S. A.? \_\_\_\_\_ years.

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month 9 day 23  
year 39 hour 8 minute 30 a M.

21. I hereby certify that I attended the deceased from 9-8, 1939, to 9-23, 1939;  
that I last saw her alive on 9-23, 1939;  
and that death occurred on the date and hour stated above.

Immediate cause of death \_\_\_\_\_ Duration \_\_\_\_\_

Coronary Thrombosis 2 1/2 wks  
abscess, right lower lobe

Due to of right lung  
Pulmonary edema

Due to cause unknown

Other conditions \_\_\_\_\_  
(Include pregnancy within 3 months of death)

Major findings: \_\_\_\_\_

Of operations \_\_\_\_\_

Of autopsy Infarct in area of heart  
abscess of right lung, low

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 Purkell (M. D. or other)

Address BARNES HOSPITAL Date signed \_\_\_\_\_

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.

1 X 10351

**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.....

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

Signed Gas. E. McCulloch

Licensed Embalmer No. 2460

P. O. Address 6176 Delmar

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

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