

No. 2  
4-13-40  
-17-39  
I X23159

1941 FEB 25 1941  
Registration District No. **791**

Primary Registration District No. **1003**

1. PLACE OF DEATH: **St. Louis, Mo.**  
(a) County \_\_\_\_\_  
(b) City or town \_\_\_\_\_  
(c) Name of hospital or institution: **City Sanitarium**  
(If not in hospital or institution, write street number or location)  
(d) Length of stay: In hospital or institution **36 yrs. 2 days.**  
In this community **36 yrs.**  
years, months or days

3. (a) PRINT FULL NAME **KATHERINE TAGGART**  
3. (b) If veteran, name war **No** 3. (c) Social Security No. **No**

4. Sex **Female** 5. Color or race **White** 6. (a) Single, widowed, married, divorced **Widow**  
6. (b) Name of husband or wife **Unknown** 6. (c) Age of husband or wife if alive \_\_\_\_\_ years  
7. Birth date of deceased **3-1-1879**  
(Month) (Day) (Year)

8. AGE: Years **61** Months **8** Days **3** If less than one day  
hr. \_\_\_\_\_ min.

9. Birthplace **Unknown / Pennsylvania**  
(City, town, or county) (State or foreign country)

10. Usual occupation **Housework**

11. Industry or business **Housework**

12. Name **James Hughes**

13. Birthplace **Unknown / Ireland**  
(City, town, or county) (State or foreign country)

14. Maiden name **Sarah Laughlin**  
(City, town, or county) (State or foreign country)

15. Birthplace **Unknown / Ohio**  
(City, town, or county) (State or foreign country)

16. (a) Informant **Peter J. Judd**  
(b) Address **5700 Arsenal St.**

17. (a) **Bellvue Hill** (b) Date thereof **1-8-41**  
(Burial, cremation, or removal) (Month) (Day) (Year)  
(c) Place: burial or cremation **Walnut Hill**

18. (a) Signature of funeral director **Pete Saunders**  
(b) Address **Bellvue Hill, 7414**

19. (a) **JAN 10 1941** (b) **J. F. Bridick**  
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:  
(a) State **Missouri** (b) County \_\_\_\_\_  
(c) City or town **St. Louis**  
(If outside city or town limits, write "RURAL")  
(d) Street No. **5700 Arsenal**  
(If rural, give location)  
(e) If foreign born, how long in U. S. A.? \_\_\_\_\_ years.

MEDICAL CERTIFICATION  
20. DATE OF DEATH: Month **Jan.** day **4**  
year **1941** hour **12:01** minute \_\_\_\_\_ A. M.

21. I hereby certify that I attended the deceased from **7-1-38**, 19\_\_\_\_ to **1-4-41**, 19\_\_\_\_;  
that I last saw h. **her** alive on **1-4-41**, 19\_\_\_\_;  
and that death occurred on the date and hour stated above.

Immediate cause of death  
**Pituitary Tumor 7-38-x**  
**Non Malignant**

Due to \_\_\_\_\_  
Due to \_\_\_\_\_

Other conditions  
(Include pregnancy within 3 months of death)

Major findings:  
Of, operations \_\_\_\_\_

Of autopsy **YES**

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 **W. G. Lawson** (M. D. or other)  
Address **5400 Arsenal St.** Date signed \_\_\_\_\_

Duration \_\_\_\_\_  
PHYSICIAN \_\_\_\_\_  
Underline the cause to which death should be charged statistically.

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

612 612

**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 ME

....., Registered Apprentice No. ....

working under my personal supervision.

Signed Ben H. Baldwin

Licensed Embalmer No. 2420

P. O. Address E. St. Louis, Mo.

**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, fact should be so stated above.**