

Registration District No.

791

Primary Registration District No.

1003

Registrar's No.

9499

1. PLACE OF DEATH:

- (a) County St. Louis
 (b) City or town St. Louis
 (If outside city or town limits, write "RURAL" and name of township)
 (c) Name of hospital or institution:
4442 Olive St. 1
 (If not in hospital or institution, write street number or location)
 (d) Length of stay: In hospital or institution _____
 (Specify whether _____)

In this community _____
 years, months or days3. (a) PRINT FULL NAME Cornelia H. Taylor3. (b) If veteran, name war nil 3. (c) Social Security No. nil4. Sex male 6. (a) Single, widowed, married, divorced married
 5. Color or race White6. (b) Name of husband or wife Mary E 6. (c) Age of husband or wife if alive 54 years7. Birth date of deceased Oct. 5 1882
 (Month) (Day) (Year)8. AGE: Years Months Days If less than one day
59 1 22 hr. min.9. Birthplace Ill. Ind. 1
 (City, town, or county) (State or foreign country)10. Usual occupation Electrician

11. Industry or business

12. Name Unknown13. Birthplace Unknown 9
 (City, town, or county) (State or foreign country)14. Maiden name Unknown15. Birthplace Unknown 7
 (City, town, or county) (State or foreign country)16. (a) Informant's own signature Mary E Taylor(b) Address 4442 Olive St.17. (a) Cremation (b) Date thereof Dec 1 1941
 (Burial, cremation, or removal) (Month) (Day) (Year)(c) Place: burial or cremation not known18. (a) Signature of funeral director Sam Miller(b) Address 4207 Grand19. (a) NOV 30 1941 (b) S. B. Bueck
 (Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

- (a) State Missouri; (b) County St. Louis
 (c) City or town St. Louis 19
 (If outside city or town limits, write "RURAL")
 (d) Street No. 4442 Delmar
 (If rural, give location)
 (e) If foreign born, how long in U. S. A.? _____ years

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month November day 27th
 year 1941 hour 9 minute 30 P. M.21. I hereby certify that I attended the deceased from September 15th, 1940 to Nov. 27, 1941;
 that I last saw him alive on Nov. 26th, 1941;
 and that death occurred on the date and hour stated above.Immediate cause of death Pneumonia complicated Duration 3 mo.Due to Spinal AnkylosisDue to OBOther conditions Cardiac Asthma
 (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 Sullivan H. Thel (M. D. or other) _____
 Address 5904 Canfield Date signed 11/27/41

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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.....

working under my personal supervision.

Registered Apprentice No.....

Signed *Harold F. Rowland*

Licensed Embalmer No. 3114

P. O. Address.....

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.