No. 2
-9-4-41
5-17-39
I X29484

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

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

FILED OCT 6 1942

MISSOURI STATE BOARD OF HEALTH

STANDARD CERTIFICATE OF DEATH

29228

State File No. 8048

Registration District No. 318 Primary Registration District No. 1003 Registrar's 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: 4448 W. Belle Ave.
(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 days)

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. 4448 W. Belle Ave.
(If rural, give location)
(e) Citizen of foreign country? No. (Yes or No)
If yes, name country

3. (a) PRINT FULL NAME William H. Taylor

3. (b) If veteran, name war None

3. (c) Social Security No. No

4. Sex Male

5. Color or race White

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

6. (b) Name of husband or wife Franscis O. Taylor

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

7. Birth date of deceased Nov. (Month) 8th (Day) 1858 (Year)

8. AGE: Years 83 Months 10 Days 19 If less than one day hr. min.

9. Birthplace St. Louis (City, town, or county) Missouri (State or foreign country)

10. Usual occupation General Insurance Agent.

11. Industry or business

FATHER
12. Name James J. Taylor
13. Birthplace England (City, town, or county) (State or foreign country)

MOTHER
14. Maiden name Mary Pfaffenbach
15. Birthplace England (City, town, or county) (State or foreign country)

16. (a) Informant Miss Florence Taylor
(b) Address 4448 W. Belle Ave.

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 9-29-42 (Month) (Day) (Year)
(c) Place: burial or cremation Bellefontaine Cem.

18. (a) Signature of funeral director C. R. Lupton & Sons
(b) Address 7233 Delmar Blv'd

19. (a) SFD 2-8 1942 (Date received by local registrar) (b) J. F. Prudick (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Sept day 27 year 1942 hour 5:45 minute A. M.

21. I hereby certify that I attended the deceased from Aug 28 1942 to Sept 27 1942 that I last saw him alive on Sept 26 1942 and that death occurred on the date and hour stated above.

Immediate cause of death Chronic Valvular Heart disease

Due to

Due to

Other conditions (Include pregnancy within 3 months of death)

Major findings: Of operations

Of autopsy

Duration 2 yrs

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

23. Signature Otto Tarnsky M. D. or other
Address 5083 Bramell Blvd Date signed 9/28/42

(Licensed Embalmer's Statement on Reverse Side)

Dr. Solon Cameron.
Metropolitan Bldg.
JE 4141.
1 - 3 P.M.

8048

8048

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 Clarence H. Murray

Licensed Embalmer No. 40/11

P. O. Address St. Louis, M

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

If this body is not embalmed, fact should be so stated above.