V. S. No. 2
OM—9-4-41
ev. 5-17-39
I X29484

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

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

FILED DEC 7 1942

Registration District No. 318

MISSOURI STATE BOARD OF HEALTH
STANDARD CERTIFICATE OF DEATH

Primary Registration District No. 1003

State File No. 35975

Registrar's No. 9948

1. PLACE OF DEATH:

(a) County
(b) City or town ST LOUIS MO
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: 4541 Cottage Ave.
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution (Specify whether years, months or days)
In this community 15 yrs.

2. USUAL RESIDENCE OF DECEASED:

(a) State Mo (b) County 000
(c) City or town ST LOUIS 11 12 9
(If outside city or town limits, write "RURAL")
(d) Street No. 4541 Cottage, Ave.
(If rural, give location)
(e) Citizen of foreign country? No (Yes or No)
If yes, name country 0

3. (a) PRINT FULL NAME Charles Taylor.

3. (b) If veteran, name war No

3. (c) Social Security No. No

4. Sex Male 2

5. Color or race C

6. (a) Single, widowed, married, divorced 65

6. (b) Name of husband or wife FANNIE

6. (c) Age of husband or wife if alive 65 years

7. Birth date of deceased 6 — 24 — 1875 (Month) (Day) (Year)

8. AGE: Years 67 Months 5 Days 3 If less than one day hr. min.

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

10. Usual occupation Laborer

11. Industry or business

FATHER
12. Name JIM TAYLOR
13. Birthplace UNKNOWN (City, town, or county) Tenn. (State or foreign country)

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

16. (a) Informant FANNIE TAYLOR
(b) Address 4541 Cottage Ave

17. (a) BURIAL (Burial, cremation, or removal) (b) Date thereof 11-30-42 (Month) (Day) (Year)
(c) Place: Burial or cremation Washington Park Cemetery

18. (a) Signature of funeral director Bennie Lewis
(b) Address 3103 Washington

19. (a) NOV 30 1942 (Date received local registrar) (b) J. F. Bredeck (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month 11 day 28 year 42 hour 3 minute A M.

21. I hereby certify that I attended the deceased from Jan 1, 1942, to Nov. 28, 1942, that I last saw him alive on 11/28/42, 19 ; and that death occurred on the date and hour stated above.

Immediate cause of death	Duration
Chronic myocarditis	1 yr.
Due to Hypertension.	2 yrs
Due to	
Other conditions (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? (Specify type of place)
While at work? (e) Means of injury

23. Signature Vincent E Tappe (M. D. or coroner)
Address 3146 a/ Lacede Date signed 11/29/42

(Licensed Embalmer's Statement on Reverse Side)

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 William Claude Gordon

Licensed Embalmer No. 3489

P. O. Address 2831 Easton

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.