S. No. 2
0M—2-43
5-17-39
1 X33207

96
2
3

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

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

STATE BOARD OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH

19127

State File No. 1

FILED JUN 7 1943

Registration District No. 7

Primary Registration District No. 3063

Registrar's No. 1294

1. PLACE OF DEATH:

(a) County St. Louis

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

(c) Name of hospital or institution:
135 N Hanley Rd /
(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 Sy. Louis 96 2

(c) City or town Clayton 3
(If outside city or town limits, write "RURAL")

(d) Street No. 135 N. Hanley Rd
(If rural, give location)

(e) Citizen of foreign country? ..... (Yes or No)
If yes, name country 0

3. (a) PRINT FULL NAME Marie Taxis

3. (b) If veteran, name war none

3. (c) Social Security No. none

4. Sex Female

5. Color or race White

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

6. (b) Name of husband or wife Frederick Taxis

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

7. Birth date of deceased July (Month) 23 (Day) 1879 (Year)

8. AGE: Years 63 Months 10 Days 8 If less than one day ..... hr. ..... min.

9. Birthplace Germany (City, town, or county) 4 (State or foreign country)

10. Usual occupation Nil

11. Industry or business

FATHER
12. Name unknown
13. Birthplace unknown (City, town, or county) 9 (State or foreign country)

MOTHER
14. Maiden name unknown
15. Birthplace unknown (City, town, or county) 9 (State or foreign country)

16. (a) Informant Dr L. H Boch
(b) Address 3115 S Grand

17. (a) Cremation (Burial, cremation, or removal) (b) Date thereof 6-2-43 (Month) (Day) (Year)
(c) Place: ~~burial or~~ cremation Valhalla Crematory

18. (a) Signature of funeral director Louis H Boppom
(b) Address Kirkwood, Mo

19. (a) JUN 2 1943 (Date received local registrar) (b) E H McGarvey MD (Registrar's signature) C.B.

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month ~~Ja~~ 31 day May year 1943 hour 4 minute 15 A. M.

21. I hereby certify that I attended the deceased from April 1 1942, 19..., to May 31, 1943, that I last saw her alive on May 31, 1943, and that death occurred on the date and hour stated above.

	Duration
Immediate cause of death Carcinomatosis.	1 yr.
Due to Cancer of Right Ovary	3 yrs.
Due to	
Other conditions None. (Include pregnancy within 3 months of death)	

Major findings:
Of operations Ca. of Ovary. 49a
Of autopsy None.

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 Dr L. H Boch (M. D. ~~or other~~) 0
Address 3115 S. Grand Date signed 5/31/43

(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.....

Licensed Embalmer No.....

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, fact should be so stated above.