

V. S. No. 2  
100M-2-43  
Revised 5-17-43  
I X3399

DEPARTMENT OF COMMERCE  
BUREAU OF THE CENSUS

STATE BOARD OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

29410

State File No. \_\_\_\_\_

FILED SEP 11 1943

Registration District No. 317

Primary Registration District No. 6076

Registrar's No. 1991

1. PLACE OF DEATH:

(a) County Saint Louis

(b) City or town Elmwood Park  
(If outside city or town limits, write "RURAL" and name of township)

(c) Name of hospital or institution:  
Rt. 2, Box 443, Elmwood Pk.  
(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 (Specify whether \_\_\_\_\_)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Saint Louis

(c) City or town Elmwood Park  
(If outside city or town limits, write "RURAL")

(d) Street No. Route 2 Box 443  
(If rural, give location)

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

3. (a) PRINT FULL NAME RICHARD TAYLOR

3. (b) If veteran, name war ---

3. (c) Social Security No. None

4. Sex Male 5. Color or Race Negro

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

6. (b) Name of husband or wife Jennie Taylor

6. (c) Age of husband or wife if alive 77 years

7. Birth date of deceased March 26, 1875  
(Month) (Day) (Year)

8. AGE: Years Months Days If less than one day

68	5	4	hr. _____ min.
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9. Birthplace Frankfort, Kentucky  
(City, town, or county) (State or foreign country)

10. Usual occupation None

11. Industry or business ---

MOTHER FATHER

12. Name Unavailable

13. Birthplace Unavailable  
(City, town, or county) (State or foreign country)

14. Maiden name Jane Palmer

15. Birthplace Unavailable  
(City, town, or county) (State or foreign country)

16. (a) Informant Blanche Smith

(b) Address Route 2, Box 443

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 9-2-43  
(Month) (Day) (Year)

(c) Place: burial or cremation Greenwood Cemetery

18. (a) Signature of funeral director Charles J. Gates

(b) Address 4107 Finney Avenue

19. (a) SEP 2 - 1943 (Date received local report)  
(b) E. G. Mc Gowan (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month August day 30th  
year 1943 hour 4 minute 30 P. M.

21. I hereby certify that I attended the deceased from 8/30 to 8/30 1943  
that I last saw him alive on 8/30 and that death occurred on the date and hour stated above.

Immediate cause of death Ch. Myocarditis  
Obst. Embolus

Duration \_\_\_\_\_

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

Due to Ch. Septic

Other conditions \_\_\_\_\_  
(Include pregnancy within 3 months of death)

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

Of autopsy 137 h

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 E. G. Mc Gowan (M. D. or other)  
Address 243 E. Kirkham, Webster Date filed 8/31/43

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

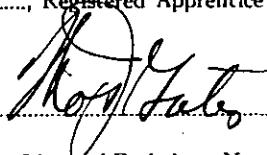
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STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me, or by.....

.....Thomas J. Gates....., Registered Apprentice No.....  
working under my personal supervision.

Signed..........

Licensed Embalmer No. 4259.....

P. O. Address. 4107 Finney Avenue.....

**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.**