

THE STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 4887

FILED MAR 3 1945
Registration District No. 318

Primary Registration District No. 1003

Registrar's No. 1566

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:
6101 Magnolia 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 Life. years, months or days

2. USUAL RESIDENCE OF DECEASED: 000

(a) State Missouri (b) County 17

(c) City or town St. Louis 3
(If outside city or town limits, write "RURAL")

(d) Street No. 6101 Magnolia Ave.,
(If rural, give location)

(e) Citizen of foreign country? No. (Yes or No)

If yes, name country _____

3. (a) PRINT FULL NAME George Taylor

3. (b) If veteran, name war _____

3. (c) Social Security No. 489-09-8706

4. Sex Male 0 5. Color or race White

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

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

7. Birth date of deceased Sept. 5th, 1879
(Month) (Day) (Year)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Feb. day 15th
year 1945 hour about 4 minute A. M.

21. I hereby certify that I attended the deceased from May 10 1943, to Feb 15 1945
that I last saw him alive on Feb 7 1945
and that death occurred on the date and hour stated above.

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

65	5	10	hr. min.
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Immediate cause of death Acute Cardiac Decompensation Sudden

Due to Chr. Myocarditis 1943

Due to _____

Other conditions Hypertension 1944
(Include pregnancy within 3 months of death)

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

10. Usual occupation Bricklayer

PHYSICIAN

Major findings:
Of operations _____

Of autopsy _____

Underline the cause to which death should be charged statistically.

11. Industry or business _____

MOTHER FATHER { 12. Name Not known

13. Birthplace Not known 9
(City, town, or county) (State or foreign country)

14. Maiden name Not known

15. Birthplace Not known 9
(City, town, or county) (State or foreign country)

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? _____

16. (a) Informant Wm F. Garner Sr.,

(b) Address 6101 Magnolia

17. (a) Burial (Burial, cremation, or removal)

(b) Date thereof Feb 19, 1945 (Month) (Day) (Year)

(c) Place: burial or cremation N. St. Marcus Cem.

23. Signature A. J. Gulland (M.D. or other) mdc.

Address 8930 Southview Cir Date signed 2-16-45

While at work? _____ (Specify type of place)

(c) Means of injury _____

18. (a) Signature of funeral director J. L. Ziegenhein & Sons

(b) Address 47027 Gravois Ave

19. (a) FEB 17 1945 (Date received local registrar)

(b) J. F. Buddeck (Registrar's signature)

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

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.....

C. P. Kidwell

Licensed Embalmer No. *3877*

P. O. Address *7027 Gravois*

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.