

S. No. 2
 DOM-5-43
 Rev. 5-17-39
 I X36671

THE STATE BOARD OF HEALTH OF MISSOURI
 STANDARD CERTIFICATE OF DEATH

25782

State File No. _____

FILED JUL 22 1946

Registration District No. 318 Primary Registration District No. 1002 Registrar's No. 6034

1. PLACE OF DEATH: 318
 (a) County St. Louis, Missouri.
 (b) City or town St. Louis, Missouri.
 (If outside city or town limits, write "RURAL" and name of township)
 (c) Name of hospital or institution: St. Louis City Hospital - Max C. Starkloff
 (If not in hospital or institution, write street number or location)
 (d) Length of stay: In hospital or institution 9 DAYS
 In this community 12 YRS. (Specify whether years, months or days)

2. USUAL RESIDENCE OF DECEASED:
 (a) State MISSOURI. (b) County St. Louis
 (c) City or town ST. LOUIS
 (If outside city or town limits, write "RURAL")
 (d) Street No. 1510 A. N. 10 STR.
 (If rural, give location) Memorial
 (e) Citizen of foreign country? NO. (Yes or No)
 If yes, name country NONE

3. (a) PRINT FULL NAME Minnie B. Taylor
 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 MARRIED
 6. (b) Name of husband or wife GEO. W. TAYLOR
 6. (c) Age of husband or wife if alive 68 years
 7. Birth date of deceased APRIL 3RD 1880
 (Month) (Day) (Year)

MEDICAL CERTIFICATION
 20. DATE OF DEATH: Month July day 8th
 year 1946 hour 4:45 minute A M.
 21. I hereby certify that I attended the deceased from 6/27/46
 _____, 19____, to 7/8/46, 19____;
 that I last saw her or alive on 7/8/46, 19____;
 and that death occurred on the date and hour stated above.
 Immediate cause of death _____
Ruptured appendix

8. AGE: Years 66 Months 3 Days 5
 If less than one day _____ hr. _____ min.

Due to _____
 Due to _____
 Other conditions (Include pregnancy within 3 months of death) 12/11
 Major findings: _____
 Of operations _____
 Of autopsy _____
 PHYSICIAN _____
 Underline the cause to which death should be charged statistically.

9. Birthplace FULTON, MO. (1)
 (City, town or county) (State or foreign country)
 10. Usual occupation HOUSE WORK.
 11. Industry or business AT HOME
 12. Name CHARLES DAVIS
 13. Birthplace INDIANA. (1)
 (City, town or county) (State or foreign country)
 14. Maiden name AWICE LITTLE
 15. Birthplace MISSOURI. (1)
 (City, town, or county) (State or foreign country)

MOTHER FATHER {
 16. (a) Informant George W Taylor
 (b) Address 1510 A. N. 10 St. Louis, Mo.
 17. (a) BURIAL (Burial, cremation, or removal) (b) Date thereof JULY 10-46
 (Month) (Day) (Year)
 (c) Place: burial or cremation MEMORIAL PARK.
 18. (a) Signature of funeral director Brookland Ind. Co.
 (b) Address 1827 Hogan Str.
 19. (a) JUL 9 1946 (Date received local Registrar) J. F. Bredeck (Registrar's signature)

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 R. R. Stubblefield (M. D. or other) 1515 Lafayette 7/8/46 med

24631

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.....

Henry M. Bramer

Licensed Embalmer No.....

4200

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.