

FILED AUG 29 1946

Registration District No. 377

Primary Registration District No. 6076

Registrar's No. 1685

1. PLACE OF DEATH:

(a) County St. Louis  
(b) City or town Jefferson Barracks,  
(If outside city or town limits, write "RURAL" and name of township)  
(c) Name of hospital or institution:  
Veterans Administration Hospital  
(If not in hospital or institution, write street number or location)  
(d) Length of stay: In hospital or institution Since 7/15/46  
(Specify whether  
In this community Unknown  
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. 79 Vandeventer Place  
(If rural, give location)  
(e) Citizen of foreign country? No (Yes or No)  
If yes, name country \_\_\_\_\_

3. (a) PRINT FULL NAME TAYLOR, Thomas W.

3. (b) If veteran, name war World I 3. (c) Social Security No. Unknown

4. Sex Male 5. Color or race White 6. (a) Single, widowed, married, divorced Married

6. (b) Name of husband or wife Mrs. Grace R. Taylor 6. (c) Age of husband or wife if alive Unknown years

7. Birth date of deceased March 4, 1875  
(Month) (Day) (Year)

8. AGE: Years Months Days If less than one day  
71 5 8 2 hr. 25 min.

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

10. Usual occupation Doctor of Medicine

11. Industry or business \_\_\_\_\_

12. Name James Taylor

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

14. Maiden name Elizabeth Onyons  
(City, town, or county) (State or foreign country)

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

16. (a) Informant Clinical Clerk, Vet. Adm. Hosp.

(b) Address Jefferson Barracks, Missouri

17. (a) Burial (b) Date thereof 8-16-46  
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Bellefontaine Cemetery,

18. (a) Signature of funeral director C.R. Lupton & Sons

(b) Address 7233 Delmar Blvd

19. (a) 8-14-46 (b) [Signature]  
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month August day 13  
year 1946 hour 2:25 minute A.M. M.

21. I hereby certify that I attended the deceased from 7/15/46  
19... to 8/13/46 19...  
that I last saw him in alive on August 13, 19 46  
and that death occurred on the date and hour stated above.

Immediate cause of death  
HYPERTENSIVE ARTERIAL MYOCARDITIS  
CHRONIC

Duration

UNK

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

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

Other conditions NEPHRITIS; DIABETES  
(Include pregnancy within 3 months of death) TENTATIVE

UNK

PHYSICIAN

Major findings: No operation  
Of operations \_\_\_\_\_

Of autopsy No Autopsy

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) No

(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? [Signature] injury 0

Signature E. Stilwell, M.D. (M. D. or other)

Address Vet. Adm. Hosp., Jeff. Bks., Mo. Date signed 8/13/46

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

1282

310

11

STATE

DEPARTMENT OF HEALTH

EMBALMERS

1920

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 *Raymond L. Morris*

Licensed Embalmer No. *4330*

P. O. Address *Maplewood, N.J.*

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.