S. No. 2
M—5-43
5-17-39
I X36671

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

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

FILED SEP 9 1946

THE STATE BOARD OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH

State File No. 29130

Registration District No. 318 Primary Registration District No. 1003 Registrar's No. 7500

1. PLACE OF DEATH:

(a) County

(b) City or town ~~Robertson~~ St. Louis
(If outside city or town limits, write "RURAL" and name of township)

(c) Name of hospital or institution: Homer G Phillips Hospital
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution 2 days (Specify whether

In this community 50 yrs
years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County St. Louis 96

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

(d) Street No. Hall & Feetee Road N.R.
(If rural, give location)

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

If yes, name country

3. (a) PRINT FULL NAME Charles Taylor

3. (b) If veteran, name war No

3. (c) Social Security No.

4. Sex Male 2

5. Color or race Col

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

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

6. (c) Age of husband or wife if alive 39 years

7. Birth date of deceased Sept. 25, 1897
(Month) (Day) (Year)

8. AGE: Years 48 Months 11 Days 2 If less than one day hr. min.

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

10. Usual occupation Janitor

11. Industry or business

FATHER
12. Name Tom Taylor
13. Birthplace (City, town, or county) Alabama (State or foreign country)

MOTHER
14. Maiden name Lucy (Unk)
15. Birthplace (City, town, or county) Alabama (State or foreign country)

16. (a) Informant Zeolar Taylor
(b) Address Robertson, Missouri

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 8/31/46 (Month) (Day) (Year)
(c) Place: burial or cremation Greenwood Cem.

18. (a) Signature of funeral director R. M. C. Green
(b) Address 3517 Laclede Ave

19. (a) AUG 30 1946 (Date received local registrar) J. F. Bredeck (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month August day 27 year 1946 hour 5 minute 30 A M.

21. I hereby certify that I attended the deceased from August 25, 1946 to August 27, 1946 that I last saw him alive on August 27, 1946; and that death occurred on the date and hour stated above.

	Duration
Immediate cause of death Malignant Hypertension	Undet
Due to Chronic Glomerulonephritis	
Due to	
Other conditions (Include pregnancy within 3 months of death)	
Major findings: Of operations	
Of autopsy No	

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 H. J. Erwin (M. D. or other)

Address 2601 N Whittier Date signed 8/30/46

(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 Melvin Edward Green, Registered Apprentice No. 383, working under my personal supervision.

Signed Fulton E. Culkin

Licensed Embalmer No. 198

P. O. Address St Louis 13 Mo.

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.