

1. PLACE OF DEATH:
(a) County _____
(b) City or town ST. LOUIS
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: Pronounced dead at Rice-STIX TRUNK FACTORY WITH PATILIPS Hosp
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution _____ (Specify whether)
In this community 12 YRS years, months or days

2. USUAL RESIDENCE OF DECEASED:
(a) State MISSOURI (b) County 0001
(c) City or town ST. LOUIS (If outside city or town limits, write "RURAL")
(d) Street No. 2244 1/2 CASS AVE. (If rural, give location)
(e) Citizen of foreign country? _____ (Yes or No)
If yes, name country _____

3. (a) PRINT FULL NAME WILLIAM BOND TAYLOR
3. (b) If veteran, name war ✓
3. (c) Social Security No. 487-18-3316

MEDICAL CERTIFICATION
20. DATE OF DEATH: Month Sept. day 9th
year 1946 hour 12:35 minute _____ P. M.
21. I hereby certify that I attended the deceased from _____, 19____, to _____, 19____;
that I last saw h_____ alive on _____, 19____;
and that death occurred on the date and hour stated above.

4. Sex MALE 5. Color or race col.
6. (a) Single, widowed, married, divorced MARRIED
6. (b) Name of husband or wife GEORGIA TAYLOR
6. (c) Age of husband or wife if alive 36 years
7. Birth date of deceased AUG 9 1900 (Month) (Day) (Year)

Immediate cause of death
Aortic Regurgitation;
Cardiac Hypertrophy.
Due to _____
Due to _____

8. AGE: Years 46 Months 1 Days - If less than one day _____ hr. _____ min.

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

9. Birthplace BROWNSVILLE TENN. (City, town, or county) (State or foreign country)
10. Usual occupation LABORER
11. Industry or business RICE-STIX

MOTHER FATHER { 12. Name E. D. D. TAYLOR
13. Birthplace BROWNSVILLE TENN. (City, town, or county) (State or foreign country)
14. Maiden name SOPHIE RODGERS
15. Birthplace BROWNSVILLE TENN. (City, town, or county) (State or foreign country)

16. (a) Informant Georgia Taylor
(b) Address 2244 1/2 Cass Ave
17. (a) REMOVAL (b) Date thereof 9-13-46 (Month) (Day) (Year)
(c) Place: burial or cremation BROWNSVILLE, TENN.

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 _____

18. (a) Signature of funeral director W. J. Walton
(b) Address 2707 Stoddard St.
19. (a) SEP 10 1946 (b) _____ (Date received local registrar) (Registrar's signature)

23. Signature Cliff Perry (M. D. or other) Dep. Coroner
Address 1360 Clark Ave Date signed 9/10/46

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 Arthur L. Heilbard

Licensed Embalmer No. 4221

P. O. Address 1154 Bayard.

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.