

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

FILED DEC 3 1946

Registration District No. 317

THE STATE BOARD OF HEALTH OF MISSOURI,
STANDARD CERTIFICATE OF DEATH

Primary Registration District No. 6076

State File No. 38393

Registrar's No. 3338

1. PLACE OF DEATH:

(a) County St. Louis
 (b) City or town Wellston
 (If outside city or town limits, write "RURAL" and name of township)
 (c) Name of hospital or institution:
1836 Timberlake Avenue. /
 (If not in hospital or institution, write street number or location)
 (d) Length of stay: In hospital or institution _____ (Specify whether
 years, months or days)

3. (a) PRINT FULL NAME Henry F. Taylor.

3. (b) If veteran, name war None 3. (c) Social Security No. 494-05-6725

4. Sex Male 5. Color or race White 6. (a) Single, divorced, married, Single
 6. (b) Name of husband or wife _____ 6. (c) Age of husband or wife if
 alive _____ years
 7. Birth date of deceased May 13, 1886.
 (Month) (Day) (Year)

8. AGE: Years Months Days If less than one day
60 6 8 hr. _____ min.

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

10. Usual occupation Night Watchman.

11. Industry or business _____

12. Name William S. Taylor.

13. Birthplace Chillicothe, Ohio. /
 (City, town, or county) (State or foreign country)

14. Maiden name Jennie Stone.

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

16. (a) Informant Miss Clara L. Taylor.(b) Address 1836 Timberlake Avenue.

17. (a) Burial (b) Date thereof 11-25-1946.
 (Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Mt. Lebanon Cemetery.18. (a) Signature of funeral director Geo. L. Pleitsch, Inc.(b) Address 5966-68 Easton Avenue.

19. (a) 11-25-46 (b) Ruth Hallen
 (Date received local registrar) (Registrar's signature) nso

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County St. Louis 46
 (c) City or town Wellston
 (If outside city or town limits, write "RURAL")
 (d) Street No. 1836 Timberlake Avenue (20)
 (If rural, give location)
 (e) Citizen of foreign country? No (Yes or No)
 If yes, name country _____

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month November day 21st.
 year 1946 hour 10 minute 30 P.M.
 M.

21. I hereby certify that I attended the deceased from Jan 2
1946 to Nov 21 1946
 that I last saw him alive on Nov 21, 1946
 and that death occurred on the date and hour stated above.

Immediate cause of death _____

Coronary Occlusion

Duration

2 dDue to Coronary Artery Disease

Due to _____

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 sta-
 tistically.

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 Joseph B. Lucciano (M. D. or other) MD
 Address 6156 2 Natural Bridge Date signed 11-22-46

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

Dr. Joseph B. Guccione.
6153a Natural Bridge.
1 to 4 P.M.
Colfax 7300

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 *John Fetter*
Licensed Embalmer No. *3880*
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.