

No. 2
I-2-43
5-17-39

I X35697

DEPARTMENT OF COMMERCE
BUREAU OF LICENSING
FILED DEC 17 1946

STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH
1003

43023
State File No. _____
Registrar's No. **10465**

Registration District No. **318**

Primary Registration District No. _____

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:
1522 Veronica Ave
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution _____
(Specify whether _____)
In this community _____
years, months or days

2. USUAL RESIDENCE OF DECEASED:
(a) State Missouri (b) County _____
(c) City or town St. Louis
(If outside city or town limits, write "RURAL")
(d) Street No. 1522 Veronica Ave
(If rural, give location)
(e) Citizen of foreign country? No (Yes or No)
If yes, name country _____

3. (a) PRINT FULL NAME Flora J. Taylor
3. (b) If veteran, name war _____
3. (c) Social Security No. _____

MEDICAL CERTIFICATION
20. DATE OF DEATH: Month December day 6
year 1946 hour 2 minute 30 A. M.
21. I hereby certify that I attended the deceased from
May 11 1946 to Dec. 6 1946
that I last saw her alive on Dec. 5 1946
and that death occurred on the date and hour stated above.

4. Sex Female **5. Color or race** White
6. (a) Single, widowed, married, divorced Married
6. (b) Name of husband or wife. George Taylor
6. (c) Age of husband or wife if alive 85 years
7. Birth date of deceased. March 10 1861
(Month) (Day) (Year)

Immediate cause of death:
Carcinoma of sigmoid and stomach
Duration _____

8. AGE: Years 85 Months 8 Days 26
If less than one day hr. _____ min. _____

Due to Primary site-sigmoid
Due to _____
Other conditions (Include pregnancy within 3 months of death) None

9. Birthplace Canada (City, town, or county) (State or foreign country)
10. Usual occupation Housewife

Major findings:
Of operations _____
Of autopsy _____
Underline the cause to which death should be charged statistically.

11. Industry or business _____
12. Name Joseph Christmann
13. Birthplace France (City, town, or county) (State or foreign country)
14. Maiden name Julia Perry
15. Birthplace Canada (City, town, or county) (State or foreign country)

16. (a) Informant Elma Benson
(b) Address 1522 Veronica
17. (a) Burial (Burial, cremation, or removal) **(b) Date thereof** Dec. 9 1946
(Month) (Day) (Year)
(c) Place: burial or cremation St. Peters Cemetery

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? _____

18. (a) Signature of funeral director Calvin F. Feutz
(b) Address 4828 Nat. Bridge Blvd
19. (a) DEC 6 1946 (Date received local registrar) **(b) J. J. Medved** (Registrar's signature)

While at work? _____ (Specify type of place) (e) Means of injury _____
23. Signature Henry C. Westerman (M. D. or other) M. D.
Address 2136 East Grand Blvd Date signed 12-6-46

(Licensed Embalmer's Statement on Reverse Side)

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

41872

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 Ralph C. Linders

Licensed Embalmer No. 4275

P. O. Address St. Louis, 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.