S. No. 2
—9-4-41
5-17-39
PI X29484

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

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

FILED JUN 9 1947

Registration District No. 31

MISSOURI STATE BOARD OF HEALTH

STANDARD CERTIFICATE OF DEATH

Primary Registration District No. 2002

State File No. 19639

Registrar's No. 1895

1. PLACE OF DEATH:

(a) County St. Louis

(b) City or town University City
(If outside city or town limits, write "RURAL" and name of township)

(c) Name of hospital or institution:
residence - 7453 Gannon Avenue
(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 St. Louis

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

(d) Street No. 7453 Gannon Avenue
(If rural, give location)

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

If yes, name country

3. (a) PRINT FULL NAME WALTER TAYLOR

3. (b) If veteran, name war none

3. (c) Social Security No. none

4. Sex male

5. Color or race white

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

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

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

7. Birth date of deceased October (Month) 9 (Day) 1877 (Year)

8. AGE: Years 69 Months 7 Days 19 If less than one day hr. min.

9. Birthplace Sweet Springs (City, town, or county) Missouri (State or foreign country)

10. Usual occupation salesman - retired

11. Industry or business

FATHER
12. Name John Taylor
13. Birthplace Saline County (City, town, or county) Missouri (State or foreign country)

MOTHER
14. Maiden name Mary Withers
15. Birthplace Saline County (City, town, or county) Missouri (State or foreign country)

16. (a) Informant Mrs. Lela Taylor
(b) Address 7453 Gannon Avenue, University City

17. (a) Cremation (Burial, cremation, or removal) (b) Date thereof 4-30-47 (Month) (Day) (Year)
(c) Place: burial or cremation Oak Grove Crematory.

18. (a) Signature of funeral director C. R. Lupton & Sons
(b) Address 7233 Delmar Blv'd., University City

19. (a) 5-31-47 (Date received local registrar) (b) Cecil A. J. Sharp (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month May day 28th year 1947 hour 7:15 minute P. M.

21. I hereby certify that I attended the deceased from 3-1-47, 19 to 5-28-47 19
that I last saw h — alive on 5/28-47, 19
and that death occurred on the date and hour stated above.

Immediate cause of death Coronary Occlusion
Auricular Fibrillation
Due to Hypertension
Myocarditis Chr.
Due to 932

Other conditions
(Include pregnancy within 3 months of death)

Major findings:
Of operations
Of autopsy

Duration

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 R K Andrews (M. D. or other) 30
Address 4932 Mary Lane Date signed 4/7

(Licensed Embalmer's Statement on Reverse Side)

Dr. R. K. Andrews
4932 Maryland Avenue
RO - 4620

(12)

AUG 23 1947

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, 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.