

No. 2
-12-45
5-17-39
I X47070

FILED OCT 4 1947

State File No. _____

Registration District No. **318**

Primary Registration District No. **1003**

Registrar's No. **8944**

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:
2845a Meramec Street
(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)

3. (a) PRINT FULL NAME **MARGARET TAYLOR**

3. (b) If veteran, name war _____ 3. (c) Social Security No. _____

4. Sex **Female** 5. Color or race **White** 6. (a) Single, widowed, married, divorced **Widow**

6. (b) Name of husband or wife **Wm. J. Taylor** 6. (c) Age of husband or wife if alive _____ years

7. Birth date of deceased **October 21-1873**
(Month) (Day) (Year)

8. AGE:		Years	Months	Days	If less than one day
		73	11	1	hr. _____ min.

9. Birthplace **Kirkwood, Missouri**
(City, town, or county) (State or foreign country)

10. Usual occupation **Housewife**

11. Industry or business _____

MOTHER FATHER

12. Name **William Fisher**

13. Birthplace **Ireland**
(City, town, or county) (State or foreign country)

14. Maiden name **Mary Redmond**

15. Birthplace **Ireland**
(City, town, or county) (State or foreign country)

16. (a) Informant **Virginia Taylor**

(b) Address **2845a Meramec Street**

17. (a) **Burial** (b) Date thereat **Sept. 26-1947**
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation **Calvary**

18. (a) Signature of funeral director **Myrdell**

(b) Address **1926 Allen Avenue**

19. (a) **SEP 25 1947** (b) **J. F. Bredack**
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State **Missouri** (b) County **000**
(c) City or town **St. Louis** **17**
(If outside city or town limits, write "RURAL")
(d) Street No. **2845a Meramec Street** **9**
(If rural, give location) **0**
(e) Citizen of foreign country? **No** (Yes or No)
If yes, name country _____

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month **September** Day **22nd**
year **1947** hour **6** minute **00** P. A. M.

21. I hereby certify that I attended the deceased from **June 15** 19**47** to **Sept 21** 19**47**
that I last saw h. or alive on **Sept 21** 19**47**
and that death occurred on the date and hour stated above.

Immediate cause of death **Coronary Occlusion**
Coronary sclerosis
Diabetes mellitus
Due to _____
Due to _____

Duration

5 days
4-40
10 yr

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.

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) _____
Means of injury _____

23. Signature **John D. Brown** (M. D. or other) _____

Address **2845a Meramec** Date signed **9/22/47**

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.....

..... **Me**, Registered Apprentice No.....
working under my personal supervision.

Signed *By: E. D. Duman*.....

Licensed Embalmer No. **2272**.....

P. O. Address **1926 Allen Avenue**.....

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.