. No. 2
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5-17-39

FEDERAL SECURITY AGENCY
National Office of Vital Statistics

FILED SEP 18 1947

MISSOURI DIVISION OF HEALTH

STANDARD CERTIFICATE OF DEATH

State File No. 33079

Registration District No. 318

Primary Registration District No. 1003

Registrar's No. 8561

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

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: CITY HOSPITAL #1 (If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution 4 DAYS. (Specify whether

In this community 25 YRS. years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State MISSOURI (b) County 000

(c) City or town ST. LOUIS, (If outside city or town limits, write "RURAL") 17

(d) Street No. 1434 CHAMBERS ST. (If rural, give location) 9

(e) Citizen of foreign country? NO. (Yes or No) 26 0

If yes, name country NONE.

3. (a) PRINT FULL NAME MOLLIE 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 MARRIED

6. (b) Name of husband or wife WILL D. TAYLOR. 6. (c) Age of husband or wife if alive 65 years

7. Birth date of deceased APRIL (Month) 3RD (Day) 1881 (Year)

8. AGE: Years 66 Months 5 Days 4 If less than one day — hr. — min.

9. Birthplace ALEXANDER COUNTY, ILL. (City, town, or county) (State or foreign country)

10. Usual occupation HOUSE WORK.

11. Industry or business AT HOME.

FATHER
12. Name UNKNOWN. 9
13. Birthplace UNKNOWN. (City, town, or county) (State or foreign country) 1

MOTHER
14. Maiden name UNKNOWN.
15. Birthplace UNKNOWN. (City, town, or county) (State or foreign country) 9 1

16. (a) Informant Will D. Taylor

(b) Address 1434 Chambers St.

17. (a) BURIAL (Burial, cremation, or removal) (b) Date thereof SEPT. 10TH 1947 (Month) (Day) (Year)

(c) Place: burial or cremation MEMORIAL PARK CEM.

18. (a) Signature of funeral director Brockland And Co.

(b) Address 1827 HOGAN ST.

19. (a) SEP 10 1947 (Date received local registrar) (b) J. F. Bredick (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month SEPT. day 7TH. year 1947 hour 12:30 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.

Immediate cause of death Cirrhosis of Liver

Due to

Due to 1 24

Other conditions (Include pregnancy within 3 months of death)

Major findings:
Of operations

Of autopsy

Duration

PHYSICIAN

Underline the cause of 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 3

23. Signature Alfred Perry (M. D. or other)

Address Cyclo Arosen Date signed 9/9/47

Jefferson City Printing Co.

(Licensed Embalmer's Statement on Reverse Side)

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. Ernest W. Spiller

Licensed Embalmer No. 4080

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.