. S. No. 2
OM—1/47
ev. 5-17-39

FEDERAL SECURITY AGENCY
National Office of Vital Statistics

MISSOURI DIVISION OF HEALTH
STANDARD CERTIFICATE OF DEATH

State File No. 36320

FILED OCT 24 1947

Registration District No. 318

Primary Registration District No. 1003

Registrar's No. 9599

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: Deaconess Hospital
(If not in hospital or institution, write street, number or location)
(d) Length of stay: In hospital or institution 2 weeks (Specify whether
In this community years, months or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Missouri (b) County St Louis 96
(c) City or town ~~St. Louis~~ Carsonville
(If outside city or town limits, write "RURAL")
(d) Street No. 8705 Kendale Dr
(If rural, give location)
N.R.
(e) Citizen of foreign country? (Yes or No)
If yes, name country

3. (a) PRINT FULL NAME Ruth S. Taylor
3. (b) If veteran, name war no
3. (c) Social Security No. none
4. Sex female
5. Color or race white
6. (a) Single, widowed, married, divorced married
6. (b) Name of husband or wife Malcolm E. Taylor
6. (c) Age of husband or wife if alive 46 years
7. Birth date of deceased August (Month) 10 (Day) 1903 (Year)

8. AGE: Years 44 Months 2 Days 5 If less than one day hr. min.

9. Birthplace Clarksberg (City, town, or county) West Virginia (State or foreign country)
10. Usual occupation at home
11. Industry or business none
FATHER
12. Name Walter M. Shane
13. Birthplace Clarksberg (City, town, or county) West Virginia (State or foreign country)
MOTHER
14. Maiden name Laura White
15. Birthplace (City, town, or county) West Virginia (State or foreign country)
16. (a) Informant Malcolm E. Taylor
(b) Address 8705 Kendale Dr
17. (a) removal (Burial, cremation, or removal) (b) Date thereof 10-16-47 (Month) (Day) (Year)
(c) Place: burial or cremation Clarksberg West Virginia
18. (a) Signature of funeral director A. Kiow La U. Co.
(b) Address 2707 N. Grand Blv'd
19. (a) OCT 16 1947 (Date received local registrar) (b) J. F. Bredeck (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month October day 15 year 1947 hour 4 minute 05 p M.
21. I hereby certify that I attended the deceased from January 11 - 1945 to Oct 16 1947 that I last saw her alive on 10 - 15 1947 and that death occurred on the date and hour stated above.

	Duration
Immediate cause of death Generalized Carcinomatosis	1 year
Due to Carcinoma Urinary bladder	2 years
Due to	
Other conditions (Include pregnancy within 3 months of death)	
Major findings: Of operations Hysterectomy 1945	
Of autopsy	

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
23. Signature [signature] (M. D. or other) M.D.
Address 4501 Manchester Date signed 10-16-47

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 Stanley H. Dixon

Licensed Embalmer No. 4193

P. O. Address St. Louis

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.