. No. 2
—1/47
5-17-39

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

FEDERAL SECURITY AGENCY
National Office of Vital Statistics

MISSOURI DIVISION OF HEALTH

STANDARD CERTIFICATE OF DEATH

State File No. 40469

FILED NOV 25 1947

Registration District No. 1477

Primary Registration District No. 6076

Registrar's No. 2416

1. PLACE OF DEATH:

(a) County St. Louis

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

(c) Name of hospital or institution 8525-Renz 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 15-Years
years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County St. Louis 96

(c) City or town Overland 13
(If outside city or town limits, write "RURAL")

(d) Street No. 8525-Renz Avenue 1
(If rural, give location) 0

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

If yes, name country .....

3. (a) PRINT FULL NAME John Taylor

3. (b) If veteran, name war None

3. (c) Social Security No. 489-07-3639

4. Sex M C

5. Color or race W

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

6. (b) Name of husband or wife Blanche E.

6. (c) Age of husband or wife if alive 60 years

7. Birth date of deceased Sept (Month) 25 (Day) 1879 (Year)

8. AGE:

Years	Months	Days	If less than one day
68	1	27	hr. min.

9. Birthplace Kensington (City, town, or county) England 4 (State or foreign country)

10. Usual occupation Decorator

11. Industry or business .....

FATHER
12. Name David Johnson Taylor
13. Birthplace ..... (City, town, or county) England 4 (State or foreign country)

MOTHER
14. Maiden name Kate Taylor
15. Birthplace ..... (City, town, or county) England 4 (State or foreign country)

16. (a) Informant Blanche E. Taylor
(b) Address 8525-Renz Ave-Overland-21-Mo.

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 11-24-47 (Month) (Day) (Year)
(c) Place: burial or cremation Memorial Park

18. (a) Signature of funeral director Bannam Bros Inc.
(b) Address 2504-Woodson Rd-Overland-14-Mo.

19. (a) 11-24-47 (Date received local registrar) (b) Cecil A. Sharp MD (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Nov. day 21
year 1947 hour 1 minute 00 A.M.

21. I hereby certify that I attended the deceased from Nov. 20, 1947, to Nov 21, 1947; that I last saw him alive on Nov 20, 1947 and that death occurred on the date and hour stated above.

	Duration
Immediate cause of death Cerebral apoplexy	6 mo.
Due to 830	
Due to	
Other conditions (Include pregnancy within 3 months of death)	

Major findings:
Of operations .....
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) 0

While at work? ..... (e) Means of injury .....

23. Signature C. E. Sterling (M. D. or other) MD

Address 2050 North & South Rd St Louis #14 Mo Date signed 22 Nov 47

Jefferson City Printing Co.

(Licensed Embalmer's Statement on Reverse Side)

DEC 1 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 Oscar F Mueller

Licensed Embalmer No. 3039

P. O. Address Overland 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.