

FILED APR 12 1948

318

Primary Registration District No.

1003

Registration District No.

1. PLACE OF DEATH:

(a) County.....
(b) City or town St. Louis Mo.
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: Chase Hotel 220 N. Kingshighway
(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 Mo. (b) County.....
(c) City or town St. Louis
(If outside city or town limits, write "RURAL")
(d) Street No. 220 N. Kingshighway
(If rural, give location)
(e) Citizen of foreign country?..... (Yes or No)
If yes, name country.....

3. (a) PRINT FULL NAME Justine Taylor

3. (b) If veteran, name war..... 3. (c) Social Security No. none

4. Sex female 5. Color or race W. 6. (a) Single, widowed, married, divorced..... widowed
6. (b) Name of husband or wife..... Thomas J. Taylor 6. (c) Age of husband or wife if alive..... years
7. Birth date of deceased..... May 2 1864
(Month) (Day) (Year)

8. AGE: Years Months Days If less than one day
83 11 2 hr. min.

9. Birthplace..... France
(City, town, or county) (State or foreign country)

10. Usual occupation..... At Home

11. Industry or business.....

12. Name..... Louis Levy

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

14. Maiden name..... Sarah Winers

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

16. (a) Informant..... Mrs Harry Ziegler

(b) Address..... 4943 Lindell Blvd

17. (a) Burial (b) Date thereof..... 4/6/48
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation..... Sardis Mississippi

18. (a) Signature of funeral director..... [Signature]

(b) Address..... 4356 Lindell Blvd

19. (a) APR 5 1948 (b) J. F. Breese
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month April day 4 year 1948 hour 8 minut. 30 a. M.

21. I hereby certify that I attended the deceased from March 15 to April 4 1948 that I last saw h..... alive on April 3 1948 and that death occurred on the date and hour stated above.

Immediate cause of death..... Carcinomatosis Duration months

Due to..... Carcinoma of undetermined primary site ± 1 yr

Due to.....
Other conditions..... act. sel. H. O. 2 years
(Include pregnancy within 3 months of death)

Major findings: 55
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)

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

23. Signature Arthur E. Strand (M. D. or other) M. D.
Address 539 N Grand Date signed 4/5/48

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

MOTHER FATHER

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 Elmo R. Cadwell
Licensed Embalmer No. 4077

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.