

FILED JUN 12 1948
Registration District No. 318Primary Registration District No. 1003

1. PLACE OF DEATH:

(a) County St. Louis
 (b) City or town St. Louis
 (If outside city or town limits, write "RURAL" and name of township)
 (c) Name of hospital or institution: Missouri Baptist Hospital
 (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 Charles Nelson Taylor

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

4. Sex Male 5. Color or race White 6. (a) Single, widowed, married, divorced Married

6. (b) Name of husband or wife Rose 6. (c) Age of husband or wife if alive 68 years

7. Birth date of deceased March 20 1887
 (Month) (Day) (Year)

8. AGE: Years Months Days If less than one day
61 2 13 hr. min.

9. Birthplace New Orleans La.
 (City, town, or county) (State or foreign country)

10. Usual occupation Maintenance Man

11. Industry or business Christian Board of Ed.

12. Name Albert Taylor

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

14. Maiden name Unknown

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

16. (a) Informant Mrs. Rose Taylor

(b) Address 6451 Odell

17. (a) Burial (b) Date thereof 6/5/48
 (Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Oak Grove, St. Charles, Mo.

18. (a) Signature of funeral director Provost Und. Co.

(b) Address 3710 N. Grand Blvd.

19. (a) JUN 7 1948 (b) J. Prudech
 (Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County ool
 (c) City or town St. Louis 17
 (If outside city or town limits, write "RURAL") 9
 (d) Street No. 6451 Odell 0
 (If rural, give location)
 (e) Citizen of foreign country? No (Yes or No)
 If yes, name country _____

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month June day 3
 year 1948 hour 4 minute 00 A. M.

21. I hereby certify that I attended the deceased from July 1947
 _____, 19____, to June 3 1948
 _____, 19____, and that death occurred on the date and hour stated above.
 that I last saw him alive on June 2nd 1948

Immediate cause of death metastases to
naso-pharynx Duration 3mo

Due to Carcinomas of Duration 6mo
larynx

Due to metastases to left nasal Duration 4mo
cavity

Other conditions (Include pregnancy within 3 months of death)

Major findings: metastases left PHYSICIAN
 Of operations none
 Of autopsy none
 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 D. J. Verdu (M. D. or other)

Address Sister Bldg St. Louis Mo signed 6-3-48

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

Albert Mayfield

Licensed Embalmer No.

3077

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.