N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important.

REC'D FEB 10 1939

MISSOURI STATE BOARD OF HEALTH
BUREAU OF VITAL STATISTICS
CERTIFICATE OF DEATH

791

436
Do not use this space.

1. PLACE OF DEATH

(a) County ..... Registration District No. 1003

(b) Township ..... Primary Registration District No. ..... Registered No. 436

(c) or City St. Louis (d) Street No. DePaul Hospital St.
(If death occurred in Hospital or Institution, write its name instead of street and number)

(e) Length of residence in city or town where death occurred yrs. mos. ds. (f) How long in U. S., if of foreign birth? yrs. mos. ds.

2. PRINT FULL NAME 460 Sally Mae Taylor

(a) Residence, No. Rt. 10 Box 1050 St. NR Ferguson, Mo.
(Usual place of abode, if no street address, write county or city) (If nonresident, give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. COLOR OR RACE	5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word)
Female	White	Married

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF John E. Taylor

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Jan. 1st, 1885

7. AGE YEARS	MONTHS	DAYS	If LESS than 1 day, ...hrs. or ....min.
54	0	10	

OCCUPATION
8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc. Housewife
9. Industry or business in which work was done, as saw mill, bank, etc.
10. Date deceased last worked at this occupation (month and year)
11. Total time (years) spent in this occupation

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Kentucky

FATHER
13. NAME Henry Thomas Johnson
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Kentucky

MOTHER
15. MAIDEN NAME Lucy Beazley
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Missouri

17. INFORMANT (ADDRESS) J. E. Taylor Ferguson, Mo.

18. BURIAL, CREMATION, OR REMOVAL
PLACE Valhalla Cem. DATE Jan. 14th 1939

19. FUNERAL DIRECTOR (NAME) (ADDRESS) Drehmann Hanal 1905 Union Blvd.

20. FILED JAN 13 1939 J. B. Bulick Local Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) 1/11, 1939

22. I HEREBY CERTIFY, That I attended deceased from 1/7, 1939, to 1/11, 1939
I last saw her alive on 1/11, 1939. Death is said to have occurred on the date stated above, at 11:30 PM
The principal cause of death and related causes of importance were as follows:

	Date of onset
Lobar Pneumonia Type III	1/7/39

Other contributory causes of importance:

108

Name of operation ..... Date of .....
What test confirmed diagnosis? Lab. Was there an autopsy? .....

23. If death was due to external causes (violence), fill in also the following:
Accident, suicide, or homicide? ..... Date of injury ....., 19....
Where did injury occur? .....
(Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place.
Manner of injury .....
Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? no
If so, specify .....
(Signed) A. D. Hughes, M. D.
(Address) Ferguson, Mo.

(Licensed Embalmer's Statement on Reverse Side)

Home at. 194

Ferguson

2-3

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 R. M. Sanford

Licensed Embalmer No. 2273

P. O. Address Francis

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to com with the above constitutes grounds for revocation of license.)

If this body is not embalmed, above space should be left blank.