

WRITE PLAINLY—USE UNFADING BLACK INK—MAKE A PERMANENT RECORD
 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.

REGISTRATION DISTRICT NO. **1003**

PRIMARY REGISTRATION DISTRICT NO. _____

STATE FILE NO. _____
 REGISTRAR'S NO. **7458**

1. PLACE OF DEATH:
 (a) County _____
 (b) City or town St. Louis, Missouri
(If outside city or town limits, write "RURAL" and name of township)
 (c) Name of hospital or institution: City Hospital
(If not in hospital or institution, write street number or location)
 (d) Length of stay: In hospital or institution Stillborn
(Specify whether years, months or days)

2. USUAL RESIDENCE OF DECEASED:
 (a) State Missouri (b) County X
 (c) City or town St. Louis **22**
(If outside city or town limits, write "RURAL")
 (d) Street No. 1238 Chouteau
(If rural, give location)
 (e) If foreign born, how long in U. S. A.? X years.

3. (a) PRINT FULL NAME Taylor, Baby 460
 3. (b) If veteran, name war X
 3. (c) Social Security No. _____

MEDICAL CERTIFICATION
 20. DATE OF DEATH: Month August day 15, year 1939 hour 2:10 minute P. M.
 21. I hereby certify that I attended the deceased from August 15, 1939, to August 15, 1939; that I last saw him alive on August 15, 1939 and that death occurred on the date and hour stated above.

4. Sex Male 5. Color or race White
 6. (a) Single, widowed, married, divorced X
 6. (b) Name of husband or wife X
 6. (c) Age of husband or wife if alive X years
 7. Birth date of deceased August 15, 1939
(Month) (Day) (Year)

Immediate cause of death Stillborn
 Due to _____
 Due to _____
 Other conditions (include pregnancy within 3 months of death) _____
 Major findings: Of operations _____
 Of autopsy _____

8. AGE: Years Months Days If less than one day
Stillborn -- -- hr -- min.

9. Birthplace St. Louis, Missouri
(City, town, or county) (State or foreign country)

10. Usual occupation X
 11. Industry or business X

MOTHER FATHER
 12. Name Marvin Taylor
 13. Birthplace Missouri
(City, town, or county) (State or foreign country)
 14. Maiden name Pearl Metcalf
 15. Birthplace Tenn.
(City, town, or county) (State or foreign country)

PHYSICIAN
 Underline the cause to which death should be charged statistically

16. (a) Informant's own signature Anna Morrison
 (b) Address City Hospital

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? _____

17. (a) Cremation (b) Date thereof 8-31-39
(Burial, cremation, or removal) (Month) (Day) (Year)
 (c) Place: burial or cremation City Hospital

18. (a) Signature of funeral director John F. Flynn
 (b) Address City Hospital

While at work (Specify type of place) (c) Means of injury _____
 23. Signature John F. Flynn (M. D. or other) _____
 Address City Hospital Date 8/23/39

19. (a) AUG 30 1939 (b) _____
(Date received local registrar) (Registrar's signature)

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.....

Licensed Embalmer No.....

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, above space should be left blank.