

OCT 1 1939
Registration District No. 791
1003

Primary Registration District No. _____

1. PLACE OF DEATH:

- (a) County _____ 2
- (b) City or town St. Louis
(If outside city or town limits, write "RURAL" and name of township)
- (c) Name of hospital or institution:
5257 Lotus Avenue
(If not in hospital or institution, write street number or location)
- (d) Length of stay: In hospital or institution None
(Specify whether _____)
- In this community _____
years, months or days)

3. (a) PRINT
FULL NAMELulu Taylor 4603. (b) If veteran,
name war _____3. (c) Social Security
No. None4. Sex Female5. Color or
race White6. (a) Single, widowed, married,
divorced Married6. (b) Name of husband or wife
Thos A. Taylor6. (c) Age of husband or wife if
alive 53 years7. Birth date of deceased August
(Month)7 1889
(Day) (Year)

8. AGE:

Years
50Months
xx4Days
24

If less than one day

hr. _____ min.

9. Birthplace St. Louis

(City, town, or county)

Missouri

(State or foreign country)

10. Usual occupation

Housewife

11. Industry or business

HomeMOTHER
FATHER12. Name Charles Weiss13. Birthplace St. Louis

(City, town, or county)

Missouri

(State or foreign country)

14. Maiden name Augusta Gunther15. Birthplace St. Louis
(City, town, or county)Missouri
(State or foreign country)16. (a) Informant's own signature Thos A Taylor(b) Address 5257 Lotus Avenue17. (a) Burial
(Burial, cremation, or removal)(b) Date thereof 9/4/39
(Month) (Day) (Year)(c) Place: burial or cremation St. Peters Cem.18. (a) Signature of funeral director Wagner-Tor-Fox(b) Address 3402 No. Kingshighway19. SEP 1 1939 (b)
(Date received local registrar)J. H. Braddock
(Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

- (a) State _____ (b) County 1
- (c) City or town St. Louis
(If outside city or town limits, write "RURAL")
- (d) Street No. 5257 Lotus Avenue
(If rural, give location)
- (e) If foreign born, how long in U. S. A.? _____ years.

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Aug day 31
year 1939 hour 12 minute 40 P.M.21. I hereby certify that I attended the deceased from May 9-39
to Aug. 31, 1939
that I last saw her alive on Aug 31
and that death occurred on the date and hour stated above.

Immediate cause of death

Carcinoma of Breast

Due to _____

Due to _____

Other conditions

(Include pregnancy within 3 months of death)

Fracture of ribsMajor findings:
Of operations _____Of autopsy None

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)

(e) Means of injury _____

23. Signature Ray Compton (M. D. or other)
Address 617 1/2 Page Date signed 9/30/39

Duration

PHYSICIAN

Underline
the cause to
which death
should be
charged sta-
tistically.

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 H. Happe

Licensed Embalmer No. 1861

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.