

Registration District No. **791**

Primary Registration District No. _____

Registrar's No. _____

1. PLACE OF DEATH:

(a) County **MO**
(b) City or town **St. Louis, Mo.** **FEB 17 1940**
(c) Name of hospital or institution:
5241 Maple Ave 2
(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 **Carrie W. Taylor.**

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

4. Sex **Female** 5. Color or race **White** 6. (a) Single, widowed, married, divorced **widow**
6. (b) Name of husband or wife **Will Everett Taylor.** 6. (c) Age of husband or wife if alive _____ years
7. Birth date of deceased **May 13 - 1865**
(Month) (Day) (Year)

8. AGE: Years **74.** Months **8.** Days **4.** If less than one day _____ hr. _____ min.

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

10. Usual occupation **at home.**

MOTHER FATHER

11. Industry or business _____
12. Name **Wm R. H. Wright.**
13. Birthplace **Winchester Ky.**
(City, town, or county) (State or foreign country)
14. Maiden name **Sally Jane Wright.**
15. Birthplace **Kirkville, Mo.**
(City, town, or county) (State or foreign country)

16. (a) Informant's own signature **Frank Lamm.**
(b) Address **400 Park Rd. Webster.**
17. (a) **burial** (b) Date thereof **1-19-1940**
(Burial, cremation, or removal) (Month) (Day) (Year)
(c) Place: burial or cremation **Oak Hill Cem.**

18. (a) Signature of funeral director **L. R. Pustony, Sr.**
(b) Address **#1233 Selmar Blvd.**
19. (a) **JAN 18 1940** (b) **J. P. [Signature]**
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State **Missouri** (b) County _____
(c) City or town **St. Louis** **5**
(If outside city or town limits, write "RURAL")
(d) Street No. **5241 Maple Ave.**
(If rural, give location)
(e) If foreign born, how long in U. S. A. _____ years.

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month **Jan.** day **17,** year **1940** hour **7:35 P.M.** minute _____ P.M.

21. I hereby certify that I attended the deceased from **Jan. 5, 1940** to **Jan. 17, 1940**.
that I last saw her alive on **Jan. 17, 1940** and that death occurred on the date and hour stated above.

Immediate cause of death **Cardiac Failure with acute dilatation of the heart** Duration _____
Due to **Chronic myocarditis**

Due to **Hypertension which has been present for many years**
Other conditions **flexibility**
(Include pregnancy within 3 months of death)

Major findings: Of operations _____
Of autopsy _____
PHYSICIAN _____
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) (e) Means of injury _____
23. Signature **Dr. J. P. Murphy** (M. D. or other) **none.**
Address **2616 N. Kingsley Way** Date signed **1/18/40**

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.

Dr. J. P. Murphy
#2618 M^o: 1211
#8770.
J.P.M.

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 Clarence H. Murray

Licensed Embalmer No. 4011

P. O. Address St. Louis, Mo

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.