

FILED MAR 12 1940  
791

MISSOURI STATE BOARD OF HEALTH  
STANDARD CERTIFICATE OF DEATH

5125  
1955

State File No.  
Registrar's No.

Registration District No. Primary Registration District No.

1. PLACE OF DEATH:

(a) County \_\_\_\_\_  
(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) 25 yrs.

3. (a) PRINT FULL NAME Lillian Taunt  
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 Widowed  
6. (b) Name of husband or wife John H. 6. (c) Age of husband or wife if alive \_\_\_\_\_ years  
7. Birth date of deceased April 20 1880  
(Month) (Day) (Year)

8. AGE: Years Months Days If less than one day  
59 10 4 \_\_\_\_\_ hr. \_\_\_\_\_ min.

9. Birthplace Leavenworth Kansas  
(City, town, or county) (State or foreign country)

10. Usual occupation Housewife

11. Industry or business \_\_\_\_\_  
12. Name Robert Northwood  
13. Birthplace England  
(City, town, or county) (State or foreign country)  
14. Maiden name Chickens  
15. Birthplace Mississippi  
(City, town, or county) (State or foreign country)

16. (a) Informant C. W. Taunt  
(b) Address 5415 Michigan ave.

17. (a) Burial (b) Date thereof Feb. 27, 1940  
(Burial, cremation, or removal) (Month) (Day) (Year)  
(c) Place: burial or cremation Natinal Cemetery

18. (a) Signature of funeral director C. Hoffmeister N. L. C.  
(b) Address 7814 S. Broadway

19. (a) FEB 26 1940 (Date received local registrar)  
J. F. Bredsch (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County \_\_\_\_\_  
(c) City or town St. Louis 15  
(If outside city or town limits, write "RURAL")  
(d) Street No. 5415 Michigan ave.  
(If rural, give location)  
(e) If foreign born, how long in U. S. A.? \_\_\_\_\_ years.

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Feb. day 24  
year 1940 hour 10 minute 20 P.M.

21. I hereby certify that I attended the deceased from Feb 19 1940 to Feb 24 1940  
that I last saw her alive on Feb 24 1940  
and that death occurred on the date and hour stated above.

Immediate cause of death Carcinoma, lung, right 2 years  
Due to \_\_\_\_\_  
Duration \_\_\_\_\_

Other conditions Myocarditis, chronic 6 yrs  
(Include pregnancy within 6 months of death)  
Major findings: \_\_\_\_\_  
Of operations \_\_\_\_\_  
Of autopsy Carcinoma, lung, right

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? \_\_\_\_\_

(Specify type of place) \_\_\_\_\_  
While at work? \_\_\_\_\_ (e) Means of injury \_\_\_\_\_  
23. Signature J. F. Bredsch (M. D. or other M.D.)  
Address for hisler Bldg Date signed \_\_\_\_\_

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

4500 Olive  
7003800

**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 Linus C. Hoffmeister  
Licensed Embalmer No. 3871  
P. O. Address 7814 S. Broadway

**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.**