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DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

MISSOURI STATE BOARD OF HEALTH

STANDARD CERTIFICATE OF DEATH

State File No. 9149

Registration District No. 791 | Primary Registration District No. 1003 | Registrar's No. 2632

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

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: 4544 S. Compton Av.
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution ? (Specify whether years, months or days)
In this community

2. USUAL RESIDENCE OF DECEASED:

(a) State Mo (b) County
(c) City or town St. Louis Mo 15
(If outside city or town limits write "RURAL")
(d) Street No. 4544 S. Compton Av.
(If rural, give location)
(e) If foreign born, how long in U. S. A.? years.

3. (a) PRINT FULL NAME William R. Taylor
3. (b) If veteran, name war —
3. (c) Social Security No. 486-14-6548
4. Sex Male
5. Color or race White
6. (a) Single, widowed, married, divorced Married
6. (b) Name of husband or wife Lena M. Taylor
6. (c) Age of husband or wife if alive 47 years
7. Birth date of deceased June 21 1891 (Month) (Day) (Year)

8. AGE: Years 48 | Months 8 | Days 28 | If less than one day hr. min.

9. Birthplace Fairfield Ill. (City, town, or county) (State or foreign country)
10. Usual occupation Automobile Painter
11. Industry or business
12. Name James Taylor (Father)
13. Birthplace Illinois (City, town, or county) (State or foreign country)
14. Maiden name Mary E Carpenter (Mother)
15. Birthplace Virginia (City, town, or county) (State or foreign country)
16. (a) Informant Mrs R. Taylor
(b) Address 4544 S. Compton Av.
17. (a) N. St. Marcus (Burial, cremation, or removal) (b) Date thereof 3-22-40 (Month) (Day) (Year)
(c) Place: burial or cremation N. St. Marcus Cem
18. (a) Signature of funeral director Witt Bro. & Co.
(b) Address 2924 S. Jefferson Av.
19. (a) MAR 20 1940 (Date received local registrar) (b) J. B. Bucleck (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Mar day 19 year 1940 hour 4:30 am minute M.
21. I hereby certify that I attended the deceased from March 12, 1940, to March 19, 1940 that I last saw h. alive on March 19, 1940 and that death occurred on the date and hour stated above.

	Duration
Immediate cause of death: Cirrhosis of Liver	5 days
Due to:	
Due to:	
Other conditions (Include pregnancy within 3 months of death): Acute Myocarditis	1 day
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? (Specify type of place)
While at work? (e) Means of injury

23. Signature Roland A. Kreb (M. D. or other)
Address 3936 California Ave Date signed March 19, 1940

(Licensed Embalmer's Statement on Reverse Side)

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 Paul A. Shaudlin, Registered Apprentice No. ....., working under my personal supervision.

Signed Paul A. Shaudlin

Licensed Embalmer No. 3477

P. O. Address 29998 Southfield

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.