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

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

MISSOURI STATE BOARD OF HEALTH

STANDARD CERTIFICATE OF DEATH

State File No. 23979

Registration District No. 791 AUG 25 1940

Primary Registration District No. 1003

Registrar's No. 6424

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: 4444 Bingham Ave.
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution 2 (Specify whether
In this community
years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Mo. (b) County

(c) City or town St. Louis 15
(If outside city or town limits, write "RURAL")

(d) Street No. 0 4444 Bingham Ave.
(If rural, give location)

(e) If foreign born, how long in U. S. A.? years.

3. (a) PRINT FULL NAME Gertrude V. Taylor 460

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 Married

6. (b) Name of husband or wife Archie Taylor

6. (c) Age of husband or wife if alive 53 years

7. Birth date of deceased Feb. (Month) 6th (Day) 1890 (Year)

8. AGE:

Years	Months	Days	If less than one day
50	5	22	hr. min.

9. Birthplace St. Louis (City, town, or county) Mo. 0 (State or foreign country)

10. Usual occupation Housewife 1

11. Industry or business 1

FATHER
12. Name Charles Fairchild
13. Birthplace (City, town, or county) Virginia (State or foreign country)

MOTHER
14. Maiden name Sarah Haines
15. Birthplace (City, town, or county) New York (State or foreign country)

16. (a) Informant Archie Taylor
(b) Address 4444 Bingahm Ave.

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 7-31-40 (Month) (Day) (Year)
(c) Place: burial or cremation New Pickers Cemetery

18. (a) Signature of funeral director Kriegshauser Mortuaries
(b) Address 4228 So. Kingshighway Blvd.

19. (a) JUL 30 1940 (Date received local registrar) (b) J. F. Bredeck (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month July day 28th year 1940 hour 12:32 minute P.M. M.

21. I hereby certify that I attended the deceased from June 15, 1940 to July 28, 1940 that I last saw her alive on July 23, 1940 and that death occurred on the date and hour stated above.

Immediate cause of death Cancer of the lung a year

Due to —

Due to —

Other conditions —
(Include pregnancy within 3 months of death)

Major findings:
Of operations —

Of autopsy None

Duration

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 H. I. Spector (M. D. or other)

Address Union Club Bldg. Date signed July 29

(Licensed Embalmer's Statement on Reverse Side)

Dr. Spector
U. Club

12:30 to 2 PM

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. Edward M Dermott

Licensed Embalmer No. 3024

P. O. Address.....

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply wi the above constitutes grounds for revocation of license.)

If this body is not embalmed, fact should be so stated above.