

Registration District No. 791 Primary Registration District No.

1. PLACE OF DEATH:

(a) County City of St. Louis.  
(b) City or town Homer Phillips Hospital  
(If outside city or town limits, write "RURAL" and name of township)  
(c) Name of hospital or institution:  
Homer G. Phillips Hospital.  
(If not in hospital or institution, write street number or location)  
(d) Length of stay: In hospital or institution 4 days, (Specify whether  
In this community Five (5) years. years, months or days)

3. (a) PRINT FULL NAME Myrtle Taylor.  
3. (b) If veteran, name war no, 3. (c) Social Security No. none,

4. Sex Female 5. Color or race col, 6. (a) Single, widowed, married, divorced Single

6. (b) Name of husband or wife \_\_\_\_\_ 6. (c) Age of husband or wife if alive \_\_\_\_\_ years

7. Birth date of deceased June 6th, 1924.  
(Month) (Day) (Year)

8. AGE:	Years	Months	Days	If less than one day
	16	3	3	hr. min.

9. Birthplace Hunter, Woodruff Co, Ark.  
(City, town, or county) (State or foreign country)

10. Usual occupation School Girl.

11. Industry or business \_\_\_\_\_

12. Name Horace Taylor, Ark,  
13. Birthplace \_\_\_\_\_ (State or foreign country)

14. Maiden name Bessie Valliant,  
15. Birthplace \_\_\_\_\_ (State or foreign country)

16. (a) Informant: Ms. Bessie Taylor

(b) Address 1314. A. Blair Ave,  
Burial, (c) Date thereof 9-13-40  
(Month) (Day) (Year)

(e) Place: burial or cremation Cornwood Cemetery

18. (a) Signature of funeral director Wm. H. Husted  
(b) Address 2812 Thomas

19. (a) SEP 10 1940 (b) J. G. Probeck  
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri. (b) County \_\_\_\_\_  
(c) City or town St Louis, 25  
(If outside city or town limits write "RURAL")  
(d) Street No. 1314. A. Blair Ave,  
(If rural, give location)  
(e) If foreign born, how long in U. S. A. All her life years.

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Sept day 9th,  
year 1940. hour 3:10. A. M. minute \_\_\_\_\_ M.

21. I hereby certify that I attended the deceased from \_\_\_\_\_, 19\_\_\_\_, to \_\_\_\_\_, 19\_\_\_\_;

that I last saw him \_\_\_\_\_ alive on \_\_\_\_\_, 19\_\_\_\_;  
and that death occurred on the date and hour stated above.

Immediate cause of death \_\_\_\_\_ Duration \_\_\_\_\_

Emphysema (right)  
Due to \_\_\_\_\_

infarct of heart  
Due to \_\_\_\_\_

Other conditions \_\_\_\_\_  
(Include pregnancy within 3 months of death)

Major findings: right lung  
Of operations \_\_\_\_\_

Of autopsy: and kidney

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 5

23. Signature J. G. Probeck (M. D. or other) \_\_\_\_\_  
Address \_\_\_\_\_ (Date signed) \_\_\_\_\_

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

RECEIVED OCT 15 1940

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**STATEMENT BY LICENSED EMBALMER**

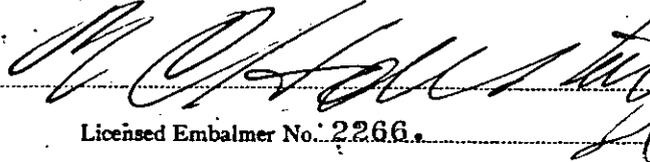
I hereby certify that the body whose name is recorded on the reverse side of this certificate, was embalmed by me, or by.....

**Myself,**

....., Registered Apprentice No. ....

working under my personal supervision.

Signed.....



.....  
Licensed Embalmer No. 2266.

P. O. Address 2812 Thomas, St., St. Louis

**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.**