

No. 2
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DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

MISSOURI STATE BOARD OF HEALTH
STANDARD CERTIFICATE OF DEATH

5059

State File No.

1307

LED MAR 25 1941

Registration District No. 791

Primary Registration District No. 1003

Registrar's No.

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

1. PLACE OF DEATH:

(a) County.....

(b) City or town. St. Louis, Missouri
(If outside city or town limits, write "RURAL" and name of township)

(c) Name of hospital or institution:
St. Louis City Hospital #1 0
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution 8 Days (Specify whether
In this community..... years, months or days)

3. (a) PRINT FULL NAME Elizabeth Taylor

3. (b) If veteran, name was 3. (c) Social Security No.

4. Sex F 5. Color N 6. (a) Single, married, divorced Widow

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

7. Birth date of deceased. April 9, 1874
(Month) (Day) (Year)

8. AGE:	Years	Months	Days	If less than one day
	<u>66</u>	<u>9</u>	<u>27</u>	hr. min.

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

10. Usual occupation. Housekeeper

11. Industry or business.....

12. Name John M. Laughlin

13. Birthplace Ireland
(City, town, or county) (State or foreign country)

14. Maiden name Unknown

15. Birthplace Ireland
(City, town, or county) (State or foreign country)

16. (a) Informant Paul M. DeMat

(b) Address 1908 Belleglade

17. (a) Burial (b) Date thereof 3/10/41
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Galway

18. (a) Signature of funeral director William Bro

(b) Address 2849 No. Euclid

19. (a) FEB 9 1941 (b) J. H. Breder
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Mo (b) County 000

(c) City or town. St. Louis 11 W
(If outside city or town limits, write "RURAL")

(d) Street No. 1908 Belleglade
(If rural, give location)

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

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Feb day 7 7th
year 1941 hour 2 minute 20 P. M.

21. I hereby certify that I attended the deceased from Jan 31, 1941
to Feb 7, 1941
that I last saw him her alive on Feb 7, 1941
and that death occurred on the date and hour stated above.

Immediate cause of death Myocardial Infarction
Heart Disease

Due to.....

Due to.....

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

Major findings: MI
Of operations.....

Of autopsy.....

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?.....

While at work?..... (Specify type of place) (e) Means of injury.....

23. Signature J. H. Breder (M. D. brother)

Address..... Date signed.....

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.....

Licensed Embalmer No.....

P. O. Address.....

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, fact should be so stated above.