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

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

FILED MAY 13 1941

Registration District No. 791

MISSOURI STATE BOARD OF HEALTH

STANDARD CERTIFICATE OF DEATH

State File No. 12635

Registrar's No. 3065

Primary Registration District No. 1003

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:
Firman Desloge
(If not in hospital or institution, write street number or location)

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

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Washington

(c) City or town Potosi
(If outside city or town limits, write "RURAL")

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

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

3. (a) PRINT FULL NAME LUCY FRANCES TAYLOR

3. (b) If veteran, name war no

3. (c) Social Security No. no

4. Sex female

5. Color or race white

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 August (Month) 17 (Day), 1911 (Year)

8. AGE:

Years	Months	Days	If less than one day
29	7	20	hr. min.

9. Birthplace Trigg County, (City, town, or county) Kentucky (State or foreign country)

10. Usual occupation schoolteacher

11. Industry or business

FATHER
12. Name R. H. Taylor
13. Birthplace (City, town, or county) Kentucky (State or foreign country)

MOTHER
14. Maiden name Alice Bush
15. Birthplace (City, town, or county) Kentucky (State or foreign country)

16. (a) Informant R. H. Taylor
(b) Address Potosi, Missouri

17. (a) removal (Burial, cremation, or removal) (b) Date thereof 4/8/41 (Month) (Day) (Year)
(c) Place: burial or cremation Potosi, Mo.

18. (a) Signature of funeral director Alexander & Sons, Inc
(b) Address 6175 Delmar Blvd.

19. (d) APR -8 1941 (Date received local registrar) (e) J. F. Bridach (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month 4 day 7
year 1941 hour 155 minute P. M.

21. I hereby certify that I attended the deceased from 3/29/41, 19__, to 4/7/41, 19__;
that I last saw her alive on 4/7/41, 19__;
and that death occurred on the date and hour stated above.

	Duration
Immediate cause of death: multiple neurofibromatosis malignant	15 yrs
Due to	
Due to	
Other conditions (Include pregnancy within 3 months of death) none	
Major findings: Of operations as above	
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 R. D. Woolsey (M. D. or other) M. D.
Address 4952 Maryland Date signed 4/7/41

(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.....

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

working under my personal supervision.

Signed Jos. E. McCulloh

Licensed Embalmer No. 2460

P. O. Address 6170 Delmar St. Louis Mo.

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.