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No. 2
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X26390

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

FILLED JUN 25 1941

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

MISSOURI STATE BOARD OF HEALTH

STANDARD CERTIFICATE OF DEATH

State File No. 16887

Registration District No. 791 Primary Registration District No. 1003 Registrar's No. 4405

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

(d) Length of stay: In hospital or institution 1 Mo. 2 Days (Specify whether
In this community 27 yrs.
years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Mo. (b) County 000

(c) City or town St. Louis 1715
(If outside city or town limits, write "RURAL")

(d) Street No. 5227 Ulena 9
(If rural, give location)

(e) Citizen of foreign country? - (Yes or No)
If yes, name country 0

3. (a) PRINT FULL NAME Emmett Taylor

3. (b) If veteran, name war -

3. (c) Social Security No. None

4. Sex male ( )

5. Color or race white

6. (a) Single, widowed, married, divorced /married

6. (b) Name of husband or wife Mayme

6. (c) Age of husband or wife if alive 39 years

7. Birth date of deceased January (Month) 11 (Day) 1894 (Year)

8. AGE: Years 47 Months 4 Days 12 If less than one day hr. min.

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

10. Usual occupation Operated farm at Antonio, Mo.

11. Industry or business -

FATHER
12. Name Pius Taylor
13. Birthplace Perryville (City, town, or county) ( ) Mo. (State or foreign country)

MOTHER
14. Maiden name Ida L
15. Birthplace Perryville (City, town, or county) ( ) Mo. (State or foreign country)

16. (a) Informant Mayme Taylor
(b) Address 5227 Ulena

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 5/27/41 (Month) (Day) (Year)
(c) Place: burial or cremation Mt. Hope Cem. Perryville

18. (a) Signature of funeral director Wacker-Helderle Mo.
(b) Address 3634 Gravois

19. (a) MAY 26 1941 (Date received local registrar) (b) J. H. Bredeck (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month May day 24, year 1941 hour 12:25 minute A. M.

21. I hereby certify that I attended the deceased from April 22, 1941 to May 24, 1941; that I last saw him alive on May 24, 1941; and that death occurred on the date and hour stated above.

Immediate cause of death Bronchiogenic Carcinoma

Due to

Due to

Other conditions
(Include pregnancy within 3 months of death)

Major findings:
Of operations

Of autopsy refused

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 [signature] M. D. (M. D. or other)
Address 1515 Lafayette Ave. Date signed 5/24/41

(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.....

Licensed Embalmer No.....

P. O. Address.....

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

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