

Registration District No. 784

Primary Registration District No. 220

1. PLACE OF DEATH:

(a) County St. Louis
(b) City or town St. Louis (and) Rock
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: Robert Koch Hospital/O
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution 2 months
(Specify whether years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County J
(c) City or town St. Louis
(If outside city or town limits, write "RURAL")
(d) Street No. 3320 Lucas Ave.
(If rural, give location)
(e) Citizen of foreign country? no (Yes or No)
If yes, name country /

3. (a) PRINT FULL NAME WILLIE BELL TAYLOR

3. (b) If veteran, name war No 3. (c) Social Security No. 492-09-385

4. Sex M 5. Color or race N 6. (a) Single, widowed, married, divorced M. 1
6. (b) Name of husband or wife Esther Rudd 6. (c) Age of husband or wife if alive unknown years
7. Birth date of deceased march 8 1908
(Month) (Day) (Year)

8. AGE: Years 33 Months 2 Days 1 If less than one day hr. min.

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

10. Usual occupation Sand Blaster

11. Industry or business Steel Co.

12. Name Will Taylor

13. Birthplace St. Louis MO
(City, town, or county) (State or foreign country)

14. Maiden name Regina ?

15. Birthplace Orizaba 1 Argentina
(City, town, or county) (State or foreign country)

16. (a) Informant Hospital Records

(b) Address Robert Koch Hosp.

17. (a) Rural (b) Date thereof May 13 1941
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Washington Park

18. (a) Signature of funeral director J. W. Hughes

(b) Address 2620 Jefferson

19. (a) MAY 12 1941 (b) R. Meyers MD de PA
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month May day 9 year 1941 hour 7 minute 10 P. M.

21. I hereby certify that I attended the deceased from march 11, 1941 to May 9, 1941; that I last saw him alive on May 9, 1941; and that death occurred on the date and hour stated above.

Immediate cause of death Pulmonary Tuberculosis Duration 2 yrs.

Due to _____

Due to 309

Other conditions Silicosis ? Syphilis Yes
(Include pregnancy within 3 months of death)

Major findings: Of operations _____

Of autopsy Pulmonary Tuberculosis ? Silicosis

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) (c) Means of injury _____

23. Signature Herbert C. Sweet (M. D. or other) O

Address Robert Koch Hosp Date signed 5/10

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

9600

11 201

JUN 26 1944

SEP 8 1944

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 *Clare Young*
Licensed Embalmer No. *3371*
P. O. Address *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, fact should be so stated above.