No. 2
-1-4-41
5-17-39
I X26390

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

MISSOURI STATE BOARD OF HEALTH

STANDARD CERTIFICATE OF DEATH

State File No. 20045

Registration District No. 791 Primary Registration District No. 1003 Registrar's No. 4857

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

1. PLACE OF DEATH:

(a) County St Louis

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

(c) Name of hospital or institution: Childrens Hospital O (If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution 5 Days (Specify whether

In this community 5 Days years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Ills (b) County Macon 999

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

(d) Street No. 432 West King St (If rural, give location)

(e) Citizen of foreign country? No (Yes or No)

If yes, name country

3. (a) PRINT FULL NAME Edw. Merle Taylor

3. (b) If veteran, name war None

3. (c) Social Security No. None

4. Sex Male

5. Color or race White

6. (a) Single, widowed, married, divorced — O

6. (b) Name of husband or wife —

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

7. Birth date of deceased May (Month) 31 (Day) 1941 (Year)

8. AGE: Years | Months | Days 7 | If less than one day hr. min.

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

10. Usual occupation —

11. Industry or business —

FATHER
12. Name Robert M Taylor
13. Birthplace Dewitt Co (City, town, or county) Ills (State or foreign country)

MOTHER
14. Maiden name Charliene Sharp
15. Birthplace Warensburg (City, town, or county) Ills (State or foreign country)

16. (a) Informant Robert M. Taylor

(b) Address Decatur Ills

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof June 8-41 (Month) (Day) (Year)

(c) Place: burial ~~or cremation~~ Illini Cemetery

18. (a) Signature of funeral director Leon A. Monsone

(b) Address 239 West Prairie St Decatur Ill

19. (a) 6/11/41 (Date received local registrar) (b) J. G. Bredeck (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month June day 7 year 1941 hour 10: minute 40 A.M.

21. I hereby certify that I attended the deceased from June 3, 1941 to June 7, 1941 that I last saw him alive on June 7, 1941 and that death occurred on the date and hour stated above.

Immediate cause of death

Due to Evisceration into Umbilical Cord. Peritonitis

Due to

Other conditions (Include pregnancy within 3 months of death)

Major findings: Of operations Evisceration into cord.

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? (Specify type of place)

While at work? (e) Means of injury

23. Signature [signature] (M. D. or other)

Address 500 So Kinghighway Date signed

(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.**