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FILED AUG 28 1941
Registration District No. **191**

Primary Registration District No. **1003**

Registrar's No. **5429**

1. PLACE OF DEATH:

(a) County **St. Louis**

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

(c) Name of hospital or institution: **Sardento City Hospital #1**
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution.....
In this community **Life** **3** years, months or days (Specify whether years, months or days)

3. (a) PRINT FULL NAME **Emma Tayon**

3. (b) If veteran. name war **None**

3. (c) Social Security No. **None**

4. Sex **Female** 5. Color or race **White** 6. (a) Single, widowed, married, divorced **Married**

6. (b) Name of husband or wife **Hypolite Tayon** 6. (c) Age of husband or wife if alive **56** years

7. Birth date of deceased **April 12 1889**
(Month) (Day) (Year)

8. AGE:	Years	Months	Days	If less than one day
	52	2	17	hr. min.

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

10. Usual occupation **Housewife**

11. Industry or business.....

12. Name **William R. Betz**

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

14. Maiden name **Unknown**

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

16. (a) Informant **Hypolite Tayon**

(b) Address **7825 Pennsylvania ave.**

17. (a) **Burial** (b) Date thereof **July 2, 41.**
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation **St. Trinity Luth. Cemetery**

18. (a) Signature of funeral director **C. Hoffmann M.E.O.**

(b) Address **7814 S. Broadway**

19. (a) **1 1941** (b) **J. H. Bredek**
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State **Missouri** (b) County.....

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

(d) Street No. **7825 Pennsylvania ave.**
(If rural, give location)

(e) Citizen of foreign country?.....
If yes, name country..... **0**

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month **June 29** day **29**
year **1941** hour **11** minute **20 P.** M.

21. I hereby certify that I attended the deceased from.....
..... 19..... to..... 19.....
that I last saw h..... alive on..... 19.....
and that death occurred on the date and hour stated above.

Immediate cause of death **Chronic Nephritis; Chronic Myocarditis.**
Duration

Due to.....

Due to.....

Other conditions **1/21**
(Include pregnancy within 3 months of death)

Major findings:
Of operations.....

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?.....

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

23. Signature **Thomas F. Callahan** (M. D. or other) **3**
Address **Deputy Coroner** Date signed **7/1/41**

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

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 *Linus C. Hoffmeister*.....

Licensed Embalmer No. *3871*.....

P. O. Address *7814 S. Broadway*.....

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.