

No. 2
1-4-41
-17-39

DEPARTMENT OF COMMERCE
BUREAU OF CENSUS

MISSOURI STATE BOARD OF HEALTH

FILLED OCT 18 1941

STANDARD CERTIFICATE OF DEATH

State File No. 30341

Registration District No. 791

Primary Registration District No. 1003

Registrar's No. 7680

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:
4025 W. Boll Pl.
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution _____
(Specify whether
In this community 39 yrs / _____
years, months or days)

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. 4025 W. Boll Pl.
(If rural, give location)
(e) Citizen of foreign country? _____ (Yes or No)
If yes, name country _____

3. (a) PRINT FULL NAME

Mary Terrie Taggart

3. (b) If veteran, name war Nil
3. (c) Social Security No. Nil

4. Sex Fem 3
5. Color or race Col
6. (a) Single, widowed, married, divorced Married

6. (b) Name of husband or wife Eugene Taggart
6. (c) Age of husband or wife if alive 61 years

7. Birth date of deceased Feb. 22, 1882
(Month) (Day) (Year)

8. AGE: Years Months Days If less than one day
59 6 29 _____ hr. _____ min.

9. Birthplace Cottleville Missouri
(City, town, or county) (State or foreign country)

10. Usual occupation Housewife

11. Industry or business _____

12. Name Millard Jones

13. Birthplace W. Virginia
(City, town, or county) (State or foreign country)

14. Maiden name Lucy Reed

15. Birthplace Boonville Missouri
(City, town, or county) (State or foreign country)

16. (a) Informant Marie Walker

(b) Address 4025 W. Boll Pl.

17. (a) Burial (b) Date thereof 9/25/41
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Greenwood Cem.

18. (a) Signature of funeral director [Signature]

(b) Address 3517 Ingle Ave.

19. (a) SEP 24 1941 (b) J. J. Bredick
(Date received local Registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Sept day 21st
year 1941 hour 7 minute 30 a. M.

21. I hereby certify that I attended the deceased from Sept. 15 - 1941 to Sept. 21, 1941
that I last saw her alive on Sept 21 and that death occurred on the date and hour stated above.

Immediate cause of death Acute Myo-Carditis
1 day

Due to Comp. Chron. Myo-Carditis

Due to 30 yrs

Other conditions (Include pregnancy within 3 months of death) _____

Major findings: Of operations [Signature]
Of autopsy [Signature]

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? _____

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

23. Signature [Signature] (M. D. or other) _____
Address 700 1/2 Jefferson Date signed 9-22-41

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

MOTHER FATHER

20
17
9

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

D. M. Green

Licensed Embalmer No. *1175*

P. O. Address *3517 Rockledge Ave*

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.