

Registration District No. 791

Primary Registration District No. 1003

Registrar's No. 10157

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:  
St. Johns Hospital  
(If not in hospital or institution, write street number or location)  
(d) Length of stay: In hospital or institution \_\_\_\_\_  
(Specify whether \_\_\_\_\_)  
In this community \_\_\_\_\_  
years, months or days

2. USUAL RESIDENCE OF DECEASED:

(a) State Mo. (b) County 6 000  
(c) City or town St. Louis  
(If outside city or town limits, write "RURAL") 17  
(d) Street No. 5319a Lotus St.  
(If rural, give location) 8  
(e) Citizen of foreign country? \_\_\_\_\_ (Yes or No)  
If yes, name country \_\_\_\_\_ 0

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Dec. day 21  
year 1941 hour 3 minute \_\_\_\_\_ A.M.

21. I hereby certify that I attended the deceased from  
12/19/41, 19\_\_\_\_ to 12/21/41, 19\_\_\_\_;  
that I last saw him in alive on 12/20/41, 19\_\_\_\_  
and that death occurred on the date and hour stated above.

Immediate cause of death Heart failure  
Peptic ulcers (Gastric) Duration 2 days

Due to \_\_\_\_\_  
Due to \_\_\_\_\_

Other conditions \_\_\_\_\_  
(Include pregnancy within \_\_\_\_\_ months of death)

Major findings:  
Of operations \_\_\_\_\_  
Of autopsy Removal from ulcers  
of stomach

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) \_\_\_\_\_  
(c) Means of injury \_\_\_\_\_  
23. Signature J. F. Bredek (M. D. or other) 200  
Address Hammond's Realty Date signed 12/21/41

3. (a) PRINT FULL NAME Albert W. Taylor

3. (b) If veteran, name war \_\_\_\_\_ 3. (c) Social Security No. 494-01-0556

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

6. (b) Name of husband or wife Katherine Taylor 6. (c) Age of husband or wife if alive 63 years

7. Birth date of deceased Jan. 26 1877  
(Month) (Day) (Year)

8. AGE:	Years	Months	Days	If less than one day
	<u>64</u>	<u>10</u>	<u>25</u>	_____ hr. _____ min.

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

10. Usual occupation Day Dispatcher

11. Industry or business Public Service Co.

12. Name Albert Taylor

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

14. Maiden name Alice Vickers

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

16. (a) Informant Mrs. Katherine Taylor

(b) Address 5319a Lotus St.

17. (a) Cremation (b) Date thereof 12-23-41  
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Valhalla Crematory

18. (a) Signature of funeral director Drehmann-Harral

(b) Address 1905 Union Blvd.

19. (a) 150-22-104 (b) J. F. Bredek  
(Declarer's name) (Registrar's signature)

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

10  
25

AL

3904 Park Ave Fall  
No 0600  
Office Jeff 1800 3604 Washington  
Home Cal 2123  
11-2

**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..... *Albert R. Thompson*

Licensed Embalmer No. *4237*

P. O. Address.....

**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.**