

JAN 9 1941

State File No. _____

Registration District No. 784

Primary Registration District No. 200

Registrar's No. 2626

1. PLACE OF DEATH:

(a) County ST. LOUIS
(b) City or town KOCH
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: ROBERT KOCH HOSP.
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution 8 days
(Specify whether _____)
In this community _____
years, months or days

2. USUAL RESIDENCE OF DECEASED:

(a) State MISSOURI (b) County 000
(c) City or town ST. LOUIS
(If outside city or town limits, write "RURAL")
(d) Street No. 1473 So. VANDEVENTER
(If rural, give location)
(e) Citizen of foreign country? NO (Yes or No)
If yes, name country _____

3. (a) PRINT FULL NAME MORA BILLIE TAYLOR

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

4. Sex FEMALE 5. Color or race WH. 6. (a) Single, widowed, married, divorced WIDOW.
6. (b) Name of husband or wife CHARLES TAYLOR 6. (c) Age of husband or wife if alive DEAD. years
7. Birth date of deceased 3 - 4 - 1869
(Month) (Day) (Year)

8. AGE: Years 72 Months 9 Days 20 If less than one day _____ hr. _____ min.

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

10. Usual occupation HOUSEWIFE

11. Industry or business HOMG

MOTHER FATHER { 12. Name JAMES FULTON
13. Birthplace COLUMBUS / INDIANA
(City, town, or county) (State or foreign country)
14. Maiden name MARY EATON
15. Birthplace COLUMBUS / INDIANA
(City, town, or county) (State or foreign country)

16. (a) Informant JAMES TAYLOR - SON.

(b) Address 1473 So. VANDEVENTER

17. (a) Burial (b) Date thereof 12-27-41
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Cuba, Missouri

18. (a) Signature of funeral director W. H. Kasper, Mortician

(b) Address 4328 So. Kingshighway

19. (a) DEC 26 1941 (b) W. H. Kasper
(Date received by registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month DEC. day 24
year 1941 hour 3 minute 40 P.M.

21. I hereby certify that I attended the deceased from DEC.
16 1941 to DEC. 24 1941.
that I last saw h alive on DEC. 24 1941.
and that death occurred on the date and hour stated above.

Immediate cause of death Pulmonary Tuberculosis. Duration 8 mos.

Due to _____

Due to _____

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

Major findings: Of operations _____

Of autopsy Pulmonary Tuberculosis.

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) Means of injury _____

23. Signature James J. Kowalski (M. D. or other) 12/25/41
Address Koch Hosp, Koch Mo Date signed _____

707

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

600

7733 Joseph

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 Reinhold K. Lohmann

Licensed Embalmer No. 8395

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.