

FILED MAR 24 1942

Registration District No. _____

Primary Registration District No. _____

Registrar's No. 2028

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:
Deaconess Hosp.
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution 4 Weeks
(Specify whether _____)
In this community _____
years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Mo. (b) County _____
(c) City or town St. Louis
(If outside city or town limits, write "RURAL")
(d) Street No. 4423a Lafayette
(If rural, give location)
(e) Citizen of foreign country? _____ (Yes or No)
If yes, name country _____

3. (a) PRINT FULL NAME Judith Ann Taylor

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

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

6. (b) Name of husband or wife _____ 6. (c) Age of husband or wife if _____

7. Birth date of deceased 12 14 1941
(Month) (Day) (Year)

8. AGE: Years Months Days If less than one day
0 2 21 hr. min.

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

10. Usual occupation _____

11. Industry or business _____

12. Name John H. Taylor

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

14. Maiden name Cleo Steensgaard

15. Birthplace St. Louis Mo.
(City, town, or county) (State or foreign country)

16. (a) Informant John H. Taylor

(b) Address 4423 a Lafayette

17. (a) Burial (b) Date thereof 3-6-42
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation St. Matthews Cem.

18. (a) Signature of funeral director Kriegshauser Mortuar

(b) Address 4228 S. Kingshighway Blvd.

19. (a) MAR 6 1942 (b) J. T. Duedick
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month March day 5
year 1942 hour 4 minute 30 P.M.

21. I hereby certify that I attended the deceased from Mar 6-42
to Mar 5-42, 19____, and that death occurred on the date and hour stated above.
that I last saw her alive on March 5-42, 19____

Immediate cause of death _____ Duration _____
Symptomatic Pneumonia
Primary

Due to _____
Due to _____

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

Major findings: Of operations _____
Of autopsy type of virus

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? _____

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

23. Signature _____ (M. D. optional)
Address North Madison Date signed _____

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

MOTHER FATHER

Mr. Thea O'Reilly
No. 3342

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 G. Lohman

Licensed Embalmer No. 3395

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.