

FILED JUN 10 1942

Registration District No. _____ Primary Registration District No. **1003**

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

1. PLACE OF DEATH:

(a) County **St. Louis, Missouri**

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

(c) Name of hospital or institution **Park Lane Hospital**
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution _____
(Specify whether years, months or days)

In this community _____
years, months or days

2. USUAL RESIDENCE OF DECEASED: **000**

(a) State **Missouri** (b) County **17**

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

(d) Street No. **339 North Taylor**
(If rural, give location)

(e) Citizen of foreign country? **0** (Yes or No)
If yes, name country _____

3. (a) PRINT FULL NAME **Ida B. Taylor**

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 **Widowed**

6. (b) Name of husband or wife **Sam R. Taylor**

6. (c) Age of husband or wife if alive _____ years

7. Birth date of deceased **July 1, 1870**
(Month) (Day) (Year)

8. AGE:

Years	Months	Days	If less than one day
71	10	24	hr. _____ min. _____

9. Birthplace **Ohio**
(City, town, or county) (State or foreign country)

10. Usual occupation **None**

11. Industry or business _____

MOTHER FATHER

12. Name **Quincy Balsh**

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

14. Maiden name **Burton**

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

16. (a) Informant **Mrs. Frank Lietz**

(b) Address **3505a Connecticut**

17. (a) **Burial** (b) Date thereof **5-28-42**
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation **Sunset Burial Park**

18. (a) Signature of funeral director **Southern Funeral Home**
6322 S. Grand Blvd.

(b) Address _____

19. (a) **MAY 27 1942** (Date received local registrar)

J. J. Bueck (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month **May** day **25th**
year **1942** hour **5:40p.** minute _____ M.

21. I hereby certify that I attended the deceased from **May 24** to **May 25**, 19**42**
that I last saw her alive on **May 25**, 19**42**
and that death occurred on the date and hour stated above.

Immediate cause of death **Coronary thrombosis 24 hr**

Due to _____

Due to _____

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

Major findings: _____

Of operations _____

Of autopsy _____

Duration **24 hr**

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 **J. J. Bueck** (M. D. or other) _____
Address **4503 Washington** Date signed **May 27 1942**

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Dr. Thos Kemp
450-3 Washington

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 Virgil L. Berryman
Licensed Embalmer No. 3018
P. O. Address St. Louis Mo.

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.