S. No. 2
M—9-4-41
v. 5-17-39
I X29484

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

JUL 20 1942

MISSOURI STATE BOARD OF HEALTH

STANDARD CERTIFICATE OF DEATH

State File No. 20054

Registration District No. 1003 — Primary Registration District No. — Registrar's No. 5733

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

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: Luthern 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

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. 1024 Bates, St. (If rural, give location)
(e) Citizen of foreign country? no (Yes or No)
If yes, name country

3. (a) PRINT FULL NAME Mary E. 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 Single.
6. (b) Name of husband or wife
6. (c) Age of husband or wife if alive years
7. Birth date of deceased April (Month) 11, (Day) 1861. (Year)

8. AGE: Years	Months	Days	If less than one day
81.	2.	23.	hr. min.

9. Birthplace St. Louis, (City, town, or county) Missouri. (State or foreign country)
10. Usual occupation At Home.
11. Industry or business
12. FATHER Name Samuel Taylor.
13. Birthplace (City, town, or county) England. (State or foreign country)
14. MOTHER Maiden name Elizabeth Ure.
15. Birthplace (City, town, or county) Scotland. (State or foreign country)
16. (a) Informant Miss Janet Taylor.
(b) Address 1024 Bates Street.
17. (a) Burial. (Burial, cremation, or removal) (b) Date thereof 7/6/1942. (Month) (Day) (Year)
(c) Place: burial or cremation Bellefontaine Cem.
18. (a) Signature of funeral director C.R.Lupton & Sons.
(b) Address 7233 Delmar, Blvd.
19. (a) 7/6 (Date received local registrar) (b) J.F. Budeck (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month July day 3rd. year 1942 hour 5:30 minute P. M.
21. I hereby certify that I attended the deceased from , 19 to , 19 that I last saw h alive on , 19 and that death occurred on the date and hour stated above.

Immediate cause of death Lobar Pneumonia
Fracture, right side (3rd & 5th ribs); suffered when discharged from a street car at 12 & Carr Streets
Due to
Other conditions (Include pregnancy within 3 months of death)
Major findings: Of operations
Of autopsy

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) Accident
(b) Date of occurrence 6/30/42 (Month) (Day) (Year)
(c) Where did injury occur? St. Louis (City or town) (County) (State)
(d) Did injury occur in or about home, on farm, in industrial place, in public place? Public Place (Specify type of place)
While at work? (e) Means of injury Fall
23. Signature Alfred Hirsch (M. D. or other)
Address Date signed 7/6/42

844 (Licensed Embalmer's Statement on Reverse Side)

St. Louis Coroner.

5733

5733

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 Clarence H. Murray

Licensed Embalmer No. 4011.

P. O. Address St. Louis, M

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.