

Registration District No. 291

Primary Registration District No. 1003

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17
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WRITE PLAINLY—USE UNFADING BLACK INK—MAKE A PERMANENT RECORD

1. PLACE OF DEATH:

(a) County St. Louis

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

(c) Name of hospital or institution:
4921 Theodore Ave./
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution 76 Yrs. (Specify whether years, months or days)

3. (a) PRINT FULL NAME Mary T. Taylor

3. (b) If veteran, name war None

3. (c) Social Security No. None

4. Sex F. 5. Color or race W.

6. (a) Single, widowed, married, divorced W. 2

6. (b) Name of husband or wife George A. Taylor

6. (c) Age of husband or wife if alive Jan. 24th., 1863 years

7. Birth date of deceased Jan. 24th., 1863
(Month) (Day) (Year)

8. AGE:

Years	Months	Days	If less than one day
<u>79</u>	<u>5</u>	<u>28</u>	hr. min.

9. Birthplace New Orleans La. 1
(City, town, or county) (State or foreign country)

10. Usual occupation At Home

11. Industry or business

12. Name Thomas Ryan

13. Birthplace Ireland 4
(City, town, or county) (State or foreign country)

14. Maiden name Catherine Barrett

15. Birthplace Ireland 4
(City, town, or county) (State or foreign country)

16. (a) Informant Mrs. Ernest Lynn

(b) Address 4921 Theodore Ave.

17. (a) Burial (b) Date thereof 7-25-1942
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Galvary

18. (a) Signature of funeral director Arthur J. Donnelly

(b) Address 3840 Lindell Blvd.

19. (a) JUL 24 1942 (b) J. F. [Signature]
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Mo. (b) County 000

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

(d) Street No. 4921 Theodore Ave.
(If rural, give location)

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

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month July day 22nd. year 1942 hour 11 minute 05 a.m.

21. I hereby certify that I attended the deceased from April 1st 1942 to July 22 1942 that I last saw her alive on July 22 1942 and that death occurred on the date and hour stated above.

Immediate cause of death general hypertension Duration Don't know

Due to 185

Other conditions chronic cystitis catarhal Don't know

(Include pregnancy within 3 months of death)

PHYSICIAN

Major findings:
Of operations _____
Of autopsy _____

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 R.R. [Signature] (M. D. or other) D. M. D.
Address 5330 Geraldine Date signed 7/24/42

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 Stanley Marshall
Licensed Embalmer No. 2868
P. O. Address 3848 Lindell

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.