

FILED OCT 1 1942

1003

Registration District No. **318**

Primary Registration District No. ....

Registrar's No. **7818**

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

1. PLACE OF DEATH:

(a) County.....

(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:  
St. Louis City Hospital  
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution 7 Days  
(Specify whether

In this community.....  
years, months or days)

3. (a) PRINT FULL NAME Patrick Charles Taylor

3. (b) If veteran, name war No

3. (c) Social Security No. 489-12-2900

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

6. (b) Name of husband or wife Minnie L. Taylor 6. (c) Age of husband or wife if alive..... years

7. Birth date of deceased: June 5, 1878.  
(Month) (Day) (Year)

8. AGE:	Years	Months	Days	If less than one day
	<u>64</u>	<u>3</u>	<u>13</u>	..... hr. .... min.

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

10. Usual occupation Retired Labor

11. Industry or business.....

MOTHER FATHER { 12. Name Andrew Taylor

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

14. Maiden name Hilda Furkens

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

16. (a) Informant Mrs. Henry Weber

(b) Address 1266 Hodiament Ave.,

17. (a) Burial (b) Date thereof Sept. 22/42  
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Oak Grove Cem.,

18. (a) Signature of funeral director Jos. W. Clark

(b) Address 1125 Hodiament Ave.,

19. (a) SEP 29 1942 (b) J. F. Braseak  
(Date received local registrar) (Registrar's signature)

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. 3614 Evans Ave.,  
(If rural, give location)

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

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month September day 18,  
year 1942 hour 5:03 minute..... P. M.

21. I hereby certify that I attended the deceased from September 12, 19 42 to September 18, 19 42  
that I last saw h. im. alive on September 18, 19 42  
and that death occurred on the date and hour stated above.

Immediate cause of death Cerebral hemorrhage Duration 6 days

Due to hypertensive cardiovascular disease with auricular fibrillation

Due to.....

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

Major findings:  
Of operations.....

Of autopsy refused permission

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)  
(c) Means of injury.....

23. Signature M. H. Johnson (M.D. or other) 9/19/42  
Address 1515 Lafayette Avenue, Date signed.....

**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..... *[Signature]*.....  
Licensed Embalmer No. *3225*.....  
P. O. Address *1125 Hodgeanout*.....

**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.**