

FILED FEB 4 1943 318

State File No.

Registration District No. Primary Registration District No. Registrar's No. 845

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:
Enroute to City Hospital 3
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution (Specify whether
In this community years, months or days)

2. USUAL RESIDENCE OF DECEASED: 000
12
(a) State Missouri (b) County
(c) City or town St. Louis 239
(If outside city or town limits, write "RURAL.")
(d) Street No. 2642 Allen Ave.
(If rural, give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country..... 0

3. (a) PRINT FULL NAME Harry Taylor
3. (b) If veteran, name war no 3. (c) Social Security No. no

MEDICAL CERTIFICATION
20. DATE OF DEATH: Month Jan. day 25
year 1943 hour 8 minute 30 P.M.

4. Sex Male 5. Color or race White 6. (a) Single, widowed, married, divorced Married
6. (b) Name of husband or wife Bertha Taylor 6. (c) Age of husband or wife if alive 58 years
7. Birth date of deceased June 10, 1874
(Month) (Day) (Year)

21. I hereby certify that I attended the deceased from 12/14 to Jan 22 1943
that I last saw h..... alive on..... 19.....
and that death occurred on the date and hour stated above.

8. AGE: Years Months Day 15 If less than one day
68 7 30 hr. min.

Immediate cause of death Chronic Myocarditis
Due to.....

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

Due to.....
Other conditions (Include pregnancy within 3 months of death)
Diabetes Mellitus

10. Usual occupation Tavern Operator

Due to.....
Major findings:
Of operations.....
Of autopsy.....

11. Industry or business.....
12. Name Frank Taylor
13. Birthplace Don't Know 9
(City, town, or county) (State or foreign country)
14. Maiden name Don't Know
15. Birthplace Don't Know 9
(City, town, or county) (State or foreign country)

PHYSICIAN
Underline the cause to which death should be charged statistically.
Diabetes Mellitus
Furo.

16. (a) Informant Mrs Bertha Taylor
(b) Address 2642 Allen Ave.

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?

17. (a) Burial (b) Date thereof Jan. 28/43
(Burial, cremation, or removal) (Month) (Day) (Year)

While at work..... (Specify type of place)
(c) Means of injury.....

(c) Place: burial or cremation New St. Marcus Cm.

23. Signature Chas. C. Hansen (M. D. or other)
Address 3157 Park Ave Date signed 1/27/43

18. (a) Signature of funeral director Weick Bros. Und. Co.
(b) Address 2201 S. Grand Bl.

19. (a) JAN 27 1943 (b) J. F. Bredeah
(Date received local registrar) (Registrar's signature)

3157^a Park

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.....

Frank Prohazka

Registered Apprentice No. *339*

working under my personal supervision.

Signed *William J. Hiram*

Licensed Embalmer No. *4319*

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.