

D APR 28 1943

State File No.

Registration District No. 318

Primary Registration District No. 1003

Registrar's No. 3703

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:
Missouri Baptist Hosp.
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution. 1 day
(Specify whether
In this community
years, months or days)

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. 2132 John Ave.
(If rural, give location)
(e) Citizen of foreign country? No (Yes or No)
If yes, name country.....

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month. April day. 18
year. 1943 hour. 11 minute. A. M.

21. I hereby certify that I attended the deceased from
April 16, 1943 to April 18, 1943
that I last saw h..... alive on April 18, 1943
and that death occurred on the date and hour stated above.

Immediate cause of death.....
Apandemia
Due to.....
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).....
(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. J. F. Bredenk (M. D. or other)
Address. 1918 94 Grand Date signed. 4/19/43

3. (a) PRINT FULL NAME William Earl Taylor

3. (b) If veteran, name war..... 3. (c) Social Security No.....

4. Sex. Male 5. Color of 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. Sept. 5, 1929
(Month) (Day) (Year)

8. AGE: Years Months Days If less than one day
13 7 13 hr. min.

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

10. Usual occupation. At School

11. Industry or business.....

MOTHER FATHER
12. Name. Walter Taylor
13. Birthplace. Tennessee
(City, town, or county) (State or foreign country)
14. Maiden name. Gladys Bricker
15. Birthplace. Arkansas
(City, town, or county) (State or foreign country)

16. (a) Informant. Walter Taylor
(b) Address. 2132 John Ave.

17. (a) Burial (b) Date thereof. 4/21/43
(Burial, cremation, or removal) (Month) (Day) (Year)
(c) Place: burial or cremation. Friedens Cemetery

18. (a) Signature of funeral director. J. F. Bredenk
(b) Address. 2117 E. Grand Blvd

19. (a) APR 20 1943 (Date received local registrar) J. F. Bredenk (Registrar's signature)

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

C. 4111

FR. 1244

10-12-2-4

Dr. Ross or

[Handwritten signature]
3121 No Grand

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 *[Handwritten signature]*

Licensed Embalmer No. 3041

P. O. Address 2117 E. Grand

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.