

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

MISSOURI STATE BOARD OF HEALTH
STANDARD CERTIFICATE OF DEATH

State File No.

FILED MAY 3 1943

Registration District No.

818

Primary Registration District No.

1002

Registrar's No.

3922

1. PLACE OF DEATH:

(a) County St. Louis Mo.
(b) City or town St. Louis Mo.
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution:
Mo. Baptist Hospital.
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution..... (Specify whether

In this community..... (Specify whether
years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State..... (b) County.....
(c) City or town Rectors Ark.
(If outside city or town limits, write "RURAL")
(d) Street No. Box 242
(If rural, give location)
(e) Citizen of foreign country?..... (Yes or No)
If yes, name country.....

3. (a) PRINT FULL NAME Walter Joseph Taffar Jr.

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

4. Sex Boy 5. Color or race white 6. (a) Single, widowed, married, divorced.....

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

7. Birth date of deceased April 20 1943
(Month) (Day) (Year)

8. AGE: Years Months Days If less than one day
1 17 hr. 56 min.

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

10. Usual occupation.....

11. Industry or business.....

MOTHER FATHER { 12. Name Walter J. Taffar
13. Birthplace Newitt N. Mo.
(City, town, or county) (State or foreign country)
14. Maiden name Mary Evelyn Quick
15. Birthplace Rectors Ark.
(City, town, or county) (State or foreign country)

16. (a) Informant Mo. Baptist Hosp.

(b) Address 919 W. Bayly Ave

17. (a) (Burial, cremation, or removal) Burns (b) Date filed APR 29 1943
(City or town) (County) (State) (Year)
CITY CEMETERY

(c) Place: burial or cremation.....

18. (a) Signature of funeral director H. Menchman

(b) Address 404 Kerola Dept

19. (a) APR 29 1943 (b) J.F. Bredeck
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month April day 21
year 1943 hour 8 minute 55 P.M.

21. I hereby certify that I attended the deceased from 4-20-43
19..... to 4-21-1943

that I last saw him alive on 4-21
and that death occurred on the date and hour stated above.

Immediate cause of death Congenital Stenosis

Due to Pne Maternity

Due to.....

Other conditions None
(Include pregnancy within 3 months of death)

Major findings: Of operations.....
Of autopsy.....
159

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)
(e) Means of injury.....

23. Signature John B. O'Neill (M. D. or other)

Address 1222 Missouri Trust Date signed 4/23/43

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

3933

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.....

Licensed Embalmer No.....

P. O. Address.....

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.