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7-5-17-39-
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DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

22514

State File No. _____

ED JUL 8 1943

Registration District No. 317

Primary Registration District No. 6076

Registrar's No. 1497

1. PLACE OF DEATH:

(a) County St. Louis

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

(c) Name of hospital or institution:
520 Jeffords
(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:

(a) State Missouri (b) County St. Louis

(c) City or town Lemay
(If outside city or town limits, write "RURAL")

(d) Street No. 520 Jeffords
(If rural, give location)

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

3. (a) PRINT FULL NAME Francis X. Taylor

3. (b) If veteran, _____ 3. (c) Social Security No. 488-01-5288
name was Spanish-American

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

6. (b) Name of husband or wife Mary 6. (c) Age of husband or wife if alive 69 years

7. Birth date of deceased May 31, 1875
(Month) (Day) (Year)

8. AGE:	Years	Months	Days	If less than one day
68	0	24		hr. min.

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

10. Usual occupation Retired

11. Industry or business Street Car man
Name Wyatt Taylor

13. Birthplace Not known Ohio
(City, town, or county) (State or foreign country)

Maiden name Helen Banser

15. Birthplace Not known Ohio
(City, town, or county) (State or foreign country)

16. (a) Informant Mary Taylor

(b) Address 520 Jeffords

17. (a) burial (b) Date thereof 6/29/43
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation National Cemetery

18. (a) Signature of funeral director JL Ziegenhein & Sons,

(b) Address 7027 Gravois

19. (a) JUN 29 1943 (b) C. D. McManis
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month June day 26 25
year 1943 hour 0 minute 0 M.

21. I hereby certify that I attended the deceased from 9-9, 1942 to 10-7, 1942
that I last saw him alive on 10-7 and that death occurred on the date and hour stated above.

Immediate cause of death Coronary artery disease

Due to Hypertension and arteriosclerosis

Due to _____

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

Major findings:
Of operations _____
Of autopsy _____

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 A. J. Steiner (M. D. or other) MD.
Address 622 University Club Date signed 6-28-43

Duration _____
PHYSICIAN _____
Underline the cause to which death should be charged statistically.

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

MOTHER FATHER

4824

JUL 8 - 1948

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 B. P. Kidwell
Licensed Embalmer No. 3877
P. O. Address 7027 Travis

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.

JUL 17 1943

DR. A. J. STEINER
622 UNIVERSITY CLUB BUILDING
SAINT LOUIS

July 10th, 1943

State Board of Health of Missouri,
Statistics Department,
Jefferson City, Missouri.

Gentlemen:

It has come to my attention that the death certificate of Mr. Francis X. Taylor had the wrong date of death on it. The correct date is June 25th, 1943.

Kindly correct this date of death, and oblige.

Yours very truly,


A. J. Steiner, M.D.
A. J. Steiner

Subscribed and sworn to before me this
10th. day of July, 1943.

MY COMMISSION EXPIRES APRIL 21, 1944

Jennie Harris
Notary Public

S-22514

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