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DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

THE STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

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State File No. _____

Registrar's No. 9176

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:
165 St./George Street/
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution _____

In this community William McTaggart (Specify whether 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. 165 St. George Ave.
(If rural, give location)

(e) Citizen of foreign country? _____ (Yes or No)

If yes, name country _____

3. (a) PRINT FULL NAME WILLIAM McTaggart

3. (b) If veteran, name war None

3. (c) Social Security No. _____

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month October day 16th
year 1943 hour 11 minute 25 A.M.

21. I hereby certify that I attended the deceased from _____, 19____, to _____, 19____;

that I last saw him _____ alive on _____, 19____, and that death occurred on the date and hour stated above.

4. Sex Male 5. Color or race White

6. (a) Single, widowed, married, divorced Divorce

6. (b) Name of husband or wife Ann's McTaggart.

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

7. Birth date of deceased: May 1 1870
(Month) (Day) (Year)

Immediate cause of death: Coronary Occlusion Arteriosclerosis

Due to _____

Due to _____

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

Major findings: _____

Of operations _____

Of autopsy _____

PHYSICIAN _____

Underline the cause to which death should be charged statistically.

8. AGE:

Years	Months	Days	If less than one day
<u>73</u>	<u>3</u>	<u>15</u>	_____ hr. _____ min.

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

10. Usual occupation Laborer.

11. Industry or business _____

12. Name Don't Know

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

14. Maiden name Don't Know.

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

16. (a) Informant Mrs Mable Miller.

(b) Address 6231 Greer Ave.

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 10/19/43
(Month) (Day) (Year)

(c) Place: burial or cremation St. Peters Cemetery.

18. (a) Signature of funeral director Geo. L. Pleitsch, Inc.

(b) Address 5966 Easton Ave. St. Louis, Mo.

19. (a) OCT 19 1943 (Date received local registrar) J. J. Bulech (Registrar's signature)

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) Means of injury _____

23. Signature Thomas J. Callen (M.D. or other) Deputy Coroner
Address _____ Date signed 10-19-43

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

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.....
Not Embalmed......, Registered Apprentice No.....
working under my personal supervision.

Signed *Geo. L. Plesters*.....

Licensed Embalmer No.....

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.