

S. No. 2
M-2-43
5-17-39
PI X35627

33592

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. _____

FILED OCT 24 1943
318
Registration District No. _____

Primary Registration District No. **1003**

Registrar's No. _____

1. PLACE OF DEATH:

(a) County _____

(b) City or town St. Louis, Missouri
(If outside city or town limits, write "RURAL" and name of township)

(c) Name of hospital or institution:
St. Louis City Hospital, Max C. Starkloff Memorial
(If not in hospital or institution, write street number or location)

(d) Length of stay: in hospital or institution 19 Days
(Specify whether years, months or days)

In this community _____
years, months or days

2. USUAL RESIDENCE OF DECEASED: **9026**

(a) State Missouri (b) County _____

(c) City or town St. Louis
(If outside city or town limits, write "RURAL")

(d) Street No. 2210 S. 3rd St.
(If rural, give location)

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

3. (a) PRINT FULL NAME Goldie Taylor

3. (b) If veteran, name war no

3. (c) Social Security No. _____

4. Sex Female 5. Color or race White

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

6. (b) Name of husband or wife Noah Taylor

6. (c) Age of husband or wife if alive 38 years

7. Birth date of deceased February 14, 1907
(Month) (Day) (Year)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month October day 12, year 1943 hour 8:00 minute _____ P. M.

21. I hereby certify that I attended the deceased from September 24, 1943 to October 12, 1943 that I last saw her alive on October 12, 1943 and that death occurred on the date and hour stated above.

8. AGE: Years Months Days If less than one day

36	7	28	hr. _____ min.
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9. Birthplace Sesser Illinois
(City, town, or county) (State or foreign country)

10. Usual occupation at home

11. Industry or business _____

MOTHER FATHER { 12. Name James Robinson

13. Birthplace Mt. Vernon Illinois
(City, town, or county) (State or foreign country)

14. Maiden name Polly Hall

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

Immediate cause of death Myocardial infarction

Due to chronic heart disease

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

Major findings: Of operations _____

Of autopsy W.C. Robinson, Axite, Hydroknox

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

16. (a) Informant Noah Taylor

(b) Address 2210 S. 3rd St.

17. (a) Removal-Motor (b) Date thereof Oct. 13, 43
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Sesser, Illinois

18. (a) Signature of funeral director Weick Bros.

(b) Address 2201 S. Grand Bl.

19. (a) OCT 13 1943 (b) J. J. Brudeck
(Date received from informant) (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) (e) Means of injury D

23. Signature Frank Seiber (M. D. or other) M. D.

Address 1515 Lafayette Avenue Date signed 10/13/43

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.....

....., Registered Apprentice No.....
working under my personal supervision.

Signed Wm. A. Stewart

Licensed Embalmer No. 3722

P. O. Address 412 DuBois

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.