

FILED OCT 27 1943
Registration District No. **318**

Primary Registration District No. **1003**

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

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:
City Sanatorium 2
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution 2 1/2 years
(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. 5116 Cates Avenue
(If rural, give location)
(e) Citizen of foreign country? _____ (Yes or No)
If yes, name country _____ 0

3. (a) PRINT FULL NAME May Taylor (nee Harrington)

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

4. Sex Female 5. Color or race White 6. (a) Single, widowed, married, divorced, Widow
6. (b) Name of husband or wife Thos. J. Taylor 6. (c) Age of husband or wife if alive _____ years
7. Birth date of deceased 11 18 1859
(Month) (Day) (Year)

8. AGE: Years 83 Months 11 Days 22 If less than one day _____ hr. _____ min.

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

10. Usual occupation None

11. Industry or business _____

12. Name Samuel Baker Herrington

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

14. Maiden name Angeline Yaeger

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

16. (a) Informant Mrs. J. G. Hugley
(b) Address 5116 Cates Avenue

17. (a) Removal (b) Date thereof 10-12-1943
(Burial, cremation, or removal) (Month) (Day) (Year)
(c) Place: burial or cremation Cemetery, Hale, Mo.

18. (a) Signature of funeral director Truth Center Mortuary
(b) Address 4024 Lindell Boulevard

19. (a) OCT 12 1943 (b) J. D. Bredeck
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month 10 day 10
year 1943 hour 2 A.M. minute _____ M.

21. I hereby certify that I attended the deceased from _____, 19____, to _____, 19____;
that I last saw h. _____ alive on _____, 19____;
and that death occurred on the date and hour stated above.

Immediate cause of death Generalized cerebral arteriosclerosis
Senility
Due to _____
Due to 97
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)
(e) Means of injury 3
23. Signature Thomas J. Callahan (M. D. or other) _____
Address Deputy Coroner Date 10/11/43

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 W E Morris

Licensed Embalmer No. 3360

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.