

S. No. 2
OM-5-43
V. 5-17-39
I X38671

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

THE STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

37905
State File No.

FILED DEC 3 1943

Registration District No. **818**

Primary Registration District No. **1003**

Registrar's No. **10294**

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:
Firmin Desloge Hospital
(If not in hospital or institution, write street number or location)
 (d) Length of stay: In hospital or institution..... **0** (Specify whether
 In this community..... years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State **MO.** (b) County.....
 (c) City or town..... **4101 Washington Blvd., 19**
(If outside city or town limits, write "RURAL").
 (d) Street No. **St. Louis** (If rural, give location)
 (e) Citizen of foreign country?..... (Yes or No)
 If yes, name country.....

3. (a) PRINT FULL NAME **Taylor, Amanda**

3. (b) If veteran, name war..... **No** 3. (c) Social Security No. **None**

4. Sex Female	5. Color or race White	6. (a) Single, widowed, married, divorced Married
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6. (b) Name of husband or wife..... **William H. Taylor** 6. (c) Age of husband or wife if alive **74** years

7. Birth date of deceased..... **Jan. 18, 1874.**
(Month) (Day) (Year)

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

69	10	5hr.min.
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9. Birthplace..... **Missouri 0**
(City, town, or county) (State or foreign country)

10. Usual occupation..... **Housewife**

11. Industry or business.....

MOTHER FATHER

12. Name..... **James Brooks**

13. Birthplace..... **Tenn. 1**
(City, town, or county) (State or foreign country)

14. Maiden name..... **Cynthia Baily**

15. Birthplace..... **Missouri 0**
(City, town, or county) (State or foreign country)

16. (a) Informant..... **Mrs. Caroline Porter**

(b) Address..... **4101 Washington Blvd.,**

17. (a) **Burial** (b) Date thereof..... **Nov. 25/43.**
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation..... **Valhalla Cem.,**

18. (a) Signature of funeral director..... **Jos. W. Clark**
NOV 24 1943 **Hodiamont Ave.,**

19. (a) **NOV 24 1943** (b) **J. F. Budek**
(Date received local registration) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month **November** day **22nd**
year **1943** hour **12:40** minute **P. M.**

21. I hereby certify that I attended the deceased from **November 17th**, 19**43**, to **November 22**, 19**43**; that I last saw her alive on **November 22**, 19**43**; and that death occurred on the date and hour stated above.

Immediate cause of death..... **Terminal Pneumonia, Bronchitis**
Due Hypertensive C.V. Disease

Due to.....
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..... **J. O. Brown** (M. D. or other).....
Address..... **1325 S. Grand Blvd.,** Date signed..... **11/23/43**

Duration **4-5 weeks**
PHYSICIAN
Underline the cause to which death should be charged statistically.

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 *Guy W. Wikinson*

Licensed Embalmer No. 3575

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.