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

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

STATE BOARD OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH

State File No. 40635

FILED DEC 22 1943 318

Registration District No.

Primary Registration District No. 1003

Registrar's No. 10718

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1. PLACE OF DEATH:

(a) County City of St. Louis

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

(c) Name of hospital or institution: Starkloff Hospital (If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution 6 Hours (Specify whether years, months or days)

In this community 58 Years

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County

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

(d) Street No. 7710 (rear) So. Broadway (If rural, give location)

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

If yes, name country

3. (a) PRINT FULL NAME Hypolite Tayon

3. (b) If veteran, name war None

3. (c) Social Security No.

4. Sex Male

5. Color or race White

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

6. (b) Name of husband or wife

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

7. Birth date of deceased August (Month) 13 (Day) 1885 (Year)

8. AGE: Years 58 Months 3 Days 21 If less than one day hr. min.

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

10. Usual occupation Laborer

11. Industry or business

FATHER

12. Name Alfred Tayon

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

MOTHER

14. Maiden name Mary Voirol

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

16. (a) Informant Gray A. Mullen

(b) Address 5614 So Compton

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 12-7-43 (Month) (Day) (Year)

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

18. (a) Signature of funeral director Southern Funeral Home

(b) Address 6322 So. Grand Blvd.

19. (a) DEC 6 1943 (Date received local registrar) (b) J. F. Bredeck (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Dec. day 4th year 1943 hour 5:00 minute A. 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 Coronary Sclerosis

Due to Arteriosclerosis

Due to

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? (Specify type of place)

While at work? (e) Means of injury

23. Signature Thomas F. Gallen (M. D. or other)

Address Deputy Coroner Date signed 12-4

(Licensed Embalmer's Statement on Reverse Side)

City Morgue

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. Virgil L. Berryman

Licensed Embalmer No. 4018

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.