

FILED FEB 23 1944
Registration District No. _____

Primary Registration District No. 3063

Registrar's No. 237

1. PLACE OF DEATH:
(a) County St. Louis
(b) City or town Clayton
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution:
St. Louis County Hosp.
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution 11 days
(Specify whether
In this community 0
years, months or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Missouri (b) County St. Louis
(c) City or town Overland
(If outside city or town limits, write "RURAL")
(d) Street No. 9440 Tudor
(If rural, give location)
(e) Citizen of foreign country? No (Yes or No)
If yes, name country _____

3. (a) PRINT FULL NAME Stacy Taylor
3. (b) If veteran, name war -- 3. (c) Social Security No. --

4. Sex Male 5. Color or race White 6. (a) Single, widowed, married, divorced Sep.
6. (b) Name of husband or wife Mary Taylor 6. (c) Age of husband or wife if alive Unk. years
7. Birth date of deceased 4-23-1873
(Month) (Day) (Year)

8. AGE: Years Months Days If less than one day
70 9 2 hr. min.

9. Birthplace Madison Co. Illinois
(City, town, or county) (State or foreign country)

10. Usual occupation None

11. Industry or business ---

MOTHER FATHER

12. Name Henry Taylor
13. Birthplace Unknown Unknown
(City, town, or county) (State or foreign country)
14. Maiden name Elizabeth Bryant
15. Birthplace Unknown Unknown
(City, town, or county) (State or foreign country)

16. (a) Informant My Taylor
(b) Address Overland Mo

17. (a) Burial (b) Date thereof 1-27-44
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Free Free Cem.

18. (a) Signature of funeral director Ortmann Funeral Home
(b) Address Overland Mo

10. (a) JAN 29 1944 (b) E. J. Mc Harran, M.D.
(Data received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month 1-25-44 day _____
year _____ hour 10:55 minute P. M.

21. I hereby certify that I attended the deceased from 1-14-44, 19____, to 1-25-44, 19____
that I last saw h. im. alive on 1-25-44, 19____
and that death occurred on the date and hour stated above.

Immediate cause of death Carcinoma of larynx Duration 7 1/2 yr.

Due to _____

Due to _____

Other conditions Polycythemia vera unknown
(Include pregnancy within 3 months of death)

Major findings: Of operations 476
Of autopsy Carcinoma of larynx
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 _____

23. Signature James E. Owen (M. D. or other) M.D.

Address 601 Brentwood Blvd Clayton Date signed 1-27-44

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

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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.....

Al C. Ostman

Licensed Embalmer No... *3478*

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.