

U. S. No. 2  
FORM-5-43  
Rev. 5-17-39  
I X36871

13415

DEPARTMENT OF COMMERCE  
BUREAU OF THE CENSUS

THE STATE BOARD OF HEALTH  
STANDARD CERTIFICATE OF DEATH

State File No. \_\_\_\_\_  
Registrar's No. 3757

FILED MAY 2 1944

Registration District No. 214 Primary Registration District No. 1003

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 St. John's Hospital **O**  
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution \_\_\_\_\_  
(Specify whether \_\_\_\_\_)

In this community \_\_\_\_\_  
years, months or days

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County St. Louis

(c) City or town Richmond Heights **96**  
(If outside city or town limits, write "RURAL")

(d) Street No. 7719 St. Albans Avenue **S.M.R.**  
(If rural, give location)

(e) Citizen of foreign country? \_\_\_\_\_ (Yes or No) **2**  
If yes, name country \_\_\_\_\_

3. (a) PRINT FULL NAME Forrest E. Taylor

3. (b) If veteran, name war None

3. (c) Social Security No. 493-10-8836

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month April day 21, 1944  
year 2 hour 30 minute P M.

4. Sex Male ( )  
5. Color or race White

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

6. (b) Name of husband or wife Erna M. Taylor

6. (c) Age of husband or wife if alive 50 years

7. Birth date of deceased October 4, 1891  
(Month) (Day) (Year)

21. I hereby certify that I attended the deceased from 11-5, 1939, to 4-21, 1944  
that I last saw him alive on 4-21, 1944  
and that death occurred on the date and hour stated above.

8. AGE:	Years	Months	Days	If less than one day
	<u>52</u>	<u>6</u>	<u>17</u>	hr. _____ min. _____

Immediate cause of death Rheumatic Heart Disease

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

Due to \_\_\_\_\_

Due to \_\_\_\_\_

10. Usual occupation Operator

Other conditions 95  
(Include pregnancy within 3 months of death)

11. Industry or business St. Louis Public Service Co

PHYSICIAN

Major findings: \_\_\_\_\_  
Of operations \_\_\_\_\_

12. Name Henry C. Taylor

Of autopsy \_\_\_\_\_

Underline the cause to which death should be charged statistically.

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

14. Maiden name Jemima Russell

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

16. (a) Informant Mrs. Erna M. Taylor

(b) Address 7719 St. Albans

17. (a) Burial (b) Date thereof Apr 24, 1944  
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Valhalla Cemetery

18. (a) Signature of funeral director Shepard Funeral Home  
1167 Hamilton Avenue

(b) Address \_\_\_\_\_

19. (a) APR 23 1944 (b) APR 23 1944  
(Date received local registrar) (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) Means of injury \_\_\_\_\_

23. Signature Carl Stein (M. D. or other) \_\_\_\_\_  
Address Dumbolt Bell Date signed 4/23/44

(Licensed Embalmer's Statement on Reverse Side)

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

1179

MOTHER FATHER

**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

*John Gonoski*  
.....  
Licensed Embalmer No. *3398*.....

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.**