S. No. 2
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WRITE PLAINLY—USE UNFADING BLACK INK—MAKE A PERMANENT RECORD

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

FILED JAN 16 1945

Registration District No. 317

THE STATE BOARD OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH

Primary Registration District No. 6076

State File No. 3629

Registrar's No. 2670

1. PLACE OF DEATH:

(a) County St. Louis County

(b) City or town Jefferson Barracks
(If outside city or town limits, write "RURAL" and name of township)

(c) Name of hospital or institution:
Veterans Administration Facility
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution Adm. 12/22/44. (Specify whether
In this community unknown.
years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County 000

(c) City or town St. Louis 17
(If outside city or town limits, write "RURAL")

(d) Street No. 3416 South Jefferson Avenue
(If rural, give location)

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

If yes, name country -

3. (a) PRINT FULL NAME TAYLOR, Ernest C.

3. (b) If veteran, name war World War #1

3. (c) Social Security No. 489-14-4096

4. Sex Male

5. Color or race White

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

6. (b) Name of ~~XXXXXXX~~ wife Mrs. Leona Taylor

6. (c) Age of ~~XXXXXXX~~ wife if alive unav. years

7. Birth date of deceased June (Month) 26, (Day) 1894 (Year)

8. AGE:

Years	Months	Days	If less than one day
50	5	26	hr. min.

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

10. Usual occupation Guard

11. Industry or business -

FATHER
12. Name Robert Taylor
13. Birthplace (City, town, or county) Massachusetts. (State or foreign country)

MOTHER
14. Maiden name Mathilda Penning
15. Birthplace (City, town, or county) Missouri. (State or foreign country)

16. (a) Informant
(b) Address Clinical Records, VAF, Jeff. Bks., Mo.

17. (a) BURIAL (Burial, cremation, or removal) (b) Date thereof 12-26-44 (Month) (Day) (Year)
(c) Place: burial or cremation NATIONAL CEM

18. (a) Signature of funeral director C. Hoffmeister U & L Co
(b) Address 7814 S. Broadway

19. (a) DEC 26 1944 (Date received local registrar) (b) E. G. McGovern M.D. (Registrar's signature) Cms

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month December day 22nd, year 1944 hour 12:05 minute P. M.

21. I hereby certify that I attended the deceased from December 22, 1944, to December 22, 1944 that I last saw him alive on December 22, 1944 and that death occurred on the date and hour stated above.

	Duration
Immediate cause of death: Chronic nephritis with uremia	unkn.
Due to -	
Due to -	
Other conditions (Include pregnancy within 3 months of death): Emphysema, chronic	unknown
Chronic bronchitis, asthmatic type	unknown

131 lb

Major findings:
Of operations No operation.
Of autopsy Autopsy performed. See cause of death.

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) No.
(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 W. A. GERMAN, M.D., (M. D. or other)
Address MANAGER. Date signed 12/22/44

(Licensed Embalmer's Statement on Reverse Side)

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 Louis C. Hoffmeister

Licensed Embalmer No. 3871

P. O. Address 7814 S. Broad

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.