

FILED MAR 23 1945

Registration District No. 318

Primary Registration District No. 1003

Registrar's No. 2399

1. PLACE OF DEATH:

(a) County.....
(b) City or town St. Louis, Mo.
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: Barnes Hospital
(If not in hospital or institution, give street number or location)
(d) Length of stay: In hospital or institution 13 days
(Specify whether years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Illinois (b) County Macoupin
(c) City or town Bruschy Mound Township
(If outside city or town limits, write "RURAL")
(d) Street No. NR.
(If rural, give location)
(e) Citizen of foreign country? 2 (Yes or No)
If yes, name country.....

3. (a) PRINT FULL NAME

Bertha Taylor

(b) If veteran, name war Nil

(c) Social Security No. None

4. Sex Female 5. Color or race White 6. (a) Single, widowed, married, divorced Married
6. (b) Name of husband or wife Robert Taylor 6. (c) Age of husband or wife if alive 64 years
7. Birth date of deceased November 25 1886
(Month) (Day) (Year)

8. AGE: Years Months Days If less than one day
58 3 18 hr. min.

9. Birthplace Bruschy Mound Township, Ill.
(City, town, or county) (State or foreign country)

10. Usual occupation Housewife

11. Industry or business.....

12. Name Louis Miller

13. Birthplace Bruschy Mound Township, Ill.
(City, town, or county) (State or foreign country)

14. Maiden name Lena Wasamann

15. Birthplace Bruschy Mound Township, Ill.
(City, town, or county) (State or foreign country)

16. (a) Informant L.L. Lott

(b) Address Atwater, Ill.

17. (a) Removal (b) Date thereof 3-14-45
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Carlinville, Ill.

18. (a) Signature of funeral director Albert H. Hoppe

(b) Address 4700 Washington Blvd.

19. (a) MAR 14 1945 (Date received local registrar)
J. P. Bredek (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month March day 13
year 1945 hour 4 minute 55 P. M.

21. I hereby certify that I attended the deceased from March 1 1945 to March 13 1945
that I last saw her alive on March 13 1945
and that death occurred on the date and hour stated above.

Immediate cause of death Pulmonary embolism
Due to 127 a
Due to 127 a

Other conditions Diaphragmatic hernia, post-operative
(Include pregnancy within 3 months of death)

Major findings: Diaphragmatic hernia
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?.....

While at work?..... (Specify type of place)
(e) Means of injury.....

23. Signature Y. Zukushima M.D. (M. D. or other)
Address Barnes Hospital St. Louis, Mo. Date signed 3/13/45

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

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.....

G. W. Wilkinson

Licensed Embalmer No.....

3575

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.