S. No. 2
I—8-43
5-17-39
I X37823

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

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

THE STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 11859

FILED APR 23 1945

Registration District No. 18 Primary Registration District No. 1003 Registrar's No. 3189

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: 4023a N. 11TH
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution
In this community 6 MONTHS (Specify whether years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State MISSOURI (b) County 000
(c) City or town ST. LOUIS
(If outside city or town limits, write "RURAL")
(d) Street No. 4023a N. 11TH
(If rural, give location)
(e) Citizen of foreign country? NO (Yes or No)
If yes, name country

3. (a) PRINT FULL NAME ELIZABETH A. TAYLOR
3. (b) If veteran, name war NO
3. (c) Social Security No. NONE
4. Sex FEMALE
5. Color or race WHITE
6. (a) Single, widowed, married, divorced WIDOW
6. (b) Name of husband or wife ROBERT L. TAYLOR
6. (c) Age of husband or wife if alive or deceased years
7. Birth date of deceased AUGUST (Month) 15 (Day) 1876 (Year)

8. AGE: Years 68 Months 7 Days 23 If less than one day hr. min.

9. Birthplace PIEDMONT (City, town, or county) MO. (State or foreign country)
10. Usual occupation HOUSEWORK
11. Industry or business
FATHER 12. Name FRANKLIN BUFFINGTON
13. Birthplace PERRY COUNTY (City, town, or county) ILL. (State or foreign country)
MOTHER 14. Maiden name SARAH MALLORY
15. Birthplace OSAGE COUNTY (City, town, or county) MO. (State or foreign country)
16. (a) Informant JACOB TAYLOR
(b) Address 4023a N. 11TH
17. (a) BURIAL (Burial, cremation, or removal) (b) Date thereof 4-11-45 (Month) (Day) (Year)
(c) Place: burial or cremation MEMORIAL PARK
18. (a) Signature of funeral director Guedmyer & Sons
(b) Address 3844 N. 20TH
19. (a) APR 10 1945 (Date received by registrar) (b) L. F. Biedeck (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month APRIL day 8TH year 1945 hour 11 minute 55 P.M.
21. I hereby certify that I attended the deceased from Jan 2nd 1945, to April 7th 1945; that I last saw her alive on April 7th 1945; and that death occurred on the date and hour stated above.

Immediate cause of death Secondary Carcinoma of Liver — Duration
Due to Primary Carcinoma of Breast
Due to
Other conditions (Include pregnancy within 3 months of death)
Major findings:
Of operations
Of autopsy

50

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 Dr. T. D. Blaylock (M. D. or other)
Address 415 Salisbury (?) City Date signed 4/8/45

Ce 3376

(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. Alfred J. Boedeker

Licensed Embalmer No. 2663

P. O. Address 5934 Alpha

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.