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DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

FILED AUG 11 1945

THE STATE BOARD OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH

State File No. 22647

Registration District No. 318 Primary Registration District No. 1003 Registrar's No. 6860

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

1. PLACE OF DEATH:

(a) County

(b) City or town St. Louis, Missouri
(If outside city or town limits, write "RURAL" and name of township)

(c) Name of hospital or institution:
St. Louis City Hospital #1. 0
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution 3 days (Specify whether
In this community
years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Mo. (b) County 000

(c) City or town 224 St. Louisauu st. 17
(If outside city or town limits, write "RURAL")

(d) Street No. 224 Marceau st. 9
(If rural, give location)

(e) Citizen of foreign country? No. 0 (Yes or No)

If yes, name country

3. (a) PRINT FULL NAME Ruby Taylor

3. (b) If veteran, name war no

3. (c) Social Security No. no

4. Sex Female

5. Color or race White

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

6. (b) Name of husband or wife

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

7. Birth date of deceased February (Month) 16 (Day) 1945 (Year)

8. AGE: Years 0 Months 5 Days 13 If less than one day hr. min.

9. Birthplace Norfolk (City, town, or county) Virginia (State or foreign country)

10. Usual occupation Nil

11. Industry or business

FATHER
12. Name Odis Lee Taylor
13. Birthplace (City, town, or county) Arkansas (State or foreign country)

MOTHER
14. Maiden name Ruby Bernice Bunn
15. Birthplace (City, town, or county) Tennessee (State or foreign country)

16. (a) Informant Ruby Bernice Taylor
(b) Address 224 E. Marceau st.

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof Aug. 4-45 (Month) (Day) (Year)
(c) Place: burial or cremation ST. TRINITY CEM.

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

19. (a) AUG 4 1945 (Date received local registrar) (b) J. F. Bredeck (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month July day 29th
year 1945 hour 4:00 minute P. M.

21. I hereby certify that I attended the deceased from 7/26/45, 19, to 7/29/45, 19;
that I last saw her alive on 7/29/45, 19;
and that death occurred on the date and hour stated above.

Immediate cause of death Bronchopneumonia due to staphylococcus

Due to

Due to

Other conditions 107
(Include pregnancy within 3 months of death)

Major findings:
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?
(Specify type of place)
While at work? (e) Means of injury

23. Signature Gilbert B. Forbes (M. D. or other)
Address 1515 Lafayette Date signed 7/30/45

(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. Broadway

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.