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

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

STATE BOARD OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH

1005

FILED 318 JAN 21 1946

State File No.

Registration District No. ... Primary Registration District No. 1003 Registrar's No. 362

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: 4250 W. Cote Brilliante (If not in hospital or institution, write street number or location)

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

In this community 30 years years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County 11 000

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

(d) Street No. 4250 W. Cote Brillante (If rural, give location) 9

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

If yes, name country

3. (a) PRINT FULL NAME Julia Jones Taylor

3. (b) If veteran, name war none

3. (c) Social Security No. none

4. Sex Female 2

5. Color or race Negro

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

6. (b) Name of husband or wife James Taylor

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

7. Birth date of deceased Jan. (Month) 5, (Day) 1886 (Year)

8. AGE: Years 60 Months 0 Days 3 If less than one day hr. min.

9. Birthplace Nashville, (City, town, or county) Tenn. (State or foreign country)

10. Usual occupation Housewife

11. Industry or business

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

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

16. (a) Informant James Taylor

(b) Address 4250 W. Cote Brilliante

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof Jan. 14, 1946 (Month) (Day) (Year)

(c) Place: burial or cremation Washington Park

18. (a) Signature of funeral director Dement & Son

(b) Address 2629-31 Cole Street

19. (a) JAN 12 1946 (Date received local registrar) (b) J. F. Bredeck (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Jan day 8 year 1946 hour 9 minute P M.

21. I hereby certify that I attended the deceased from Jan 4 1946 to Jan 8 1946 that I last saw her alive on Jan 8 1946 and that death occurred on the date and hour stated above.

Immediate cause of death Mitral Insufficiency

Due to

Due to

Other conditions (Include pregnancy within 3 months of death)

Major findings:
Of operations

Of autopsy

Duration 2

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 Jules E. Herrod (M. D. or other)

Address 4522 A Easton Date signed

(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 W. Claude Gordon

Licensed Embalmer No. 3489

P. O. Address 4575 Aldine

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.