

FILED APR 18 1946
318

Registration District No.

Primary Registration District No.

1003

Registrar's No.

3358

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: Missouri Pacific Hosp.
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution 1 Day (Specify whether
In this community _____ years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County _____
(c) City or town St. Louis
(If outside city or town limits, write "RURAL")
(d) Street No. 6621 Vermont Ave.
(If rural, give location)
(e) Citizen of foreign country? _____ (Yes or No)
If yes, name country _____

3. (a) PRINT FULL NAME William E. Tafft

3. (b) If veteran, name war -- 3. (c) Social Security No. --

4. Sex Male 5. Color or race White 6. (a) Single, widowed, married, divorced Married

6. (b) Name of husband or wife Helen 6. (c) Age of husband or wife if alive 44 years

7. Birth date of deceased Jan. 10 1892
(Month) (Day) (Year)

8. AGE: Years 54 Months 3 Days 0 If less than one day hr. min.

9. Birthplace Litchfield Illinois
(City, town, or county) (State or foreign country)

10. Usual occupation Railroad

11. Industry or business _____

MOTHER FATHER { 12. Name Fred Tafft
13. Birthplace Unknown Unknown
(City, town, or county) (State or foreign country)
14. Maiden name Unknown Unknown
15. Birthplace Unknown Unknown
(City, town, or county) (State or foreign country)

16. (a) Informant Helen Tafft
(b) Address 6621 Vermont

17. (a) Burial (b) Date thereof 4/13/46
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Hiram Cemetery

18. (a) Signature of funeral director Mackin-Weldale
(b) Address 3634 Gravois Ave.

19. (a) APR 12 1946 (b) J. T. Bredeck
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month April day 10
year 1946 hour 3 minute 35P M.

21. I hereby certify that I attended the deceased from March 20
1946 to April 10 1946
that I last saw him alive on April 10 1946
and that death occurred on the date and hour stated above.

Immediate cause of death Pulmonary edema

Due to Pressure on trachea due to
aneurysm of rt. bronchial artery

Due to Syphilis

Other conditions (Include pregnancy within 3 months of death)

Major findings: Of operations _____
Of autopsy _____

Duration 10 hrs

8 wks

many years

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 Blair D. Boston M.D. or other _____
Address 3723 S. Kingshighway Date signed 4/11/46

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..... *Grant J. Gland*

Licensed Embalmer No..... *12675*

P. O. Address..... *St Louis Mo*

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.