

FILED MAY 31 1946

Registration District No. 318 Primary Registration District No. 1003 State File No. Registrar's No. 4599

1. PLACE OF DEATH:
 (a) County St. Louis
 (b) City or town (If outside city or town limits, write "RURAL" and name of township)
 (c) Name of hospital or institution: Visitation Convent 5448 Cabanne Ave.
 (If not in hospital or institution, write street number or location)
 (d) Length of stay: In hospital or institution. (Specify whether
 In this community years, months or days)

3. (a) PRINT FULL NAME Sister Mary Austin Taylor
 3. (b) If veteran, name war 3. (c) Social Security No.
 4. Sex F. / 5. Color or race W. 6. (a) Single, widowed, married, divorced S. /
 6. (b) Name of husband or wife 6. (c) Age of husband or wife if alive years
 7. Birth date of deceased Aug. 31st., 1863 (Month) (Day) (Year)

8. AGE: Years 82 Months 8 If less than one day hr. min.
 9. Birthplace St. Louis Mo. (City, town, or county) (State or foreign country)

10. Usual occupation Religious
 11. Industry or business

12. Name Thomas M. Taylor
 13. Birthplace Vir. (City, town, or county) (State or foreign country)
 14. Maiden name Maria Von Phul
 15. Birthplace St. Louis Mo. (City, town, or county) (State or foreign country)

16. (a) Informant Sister M. Raphael Kirby
 (b) Address 5448 Cabanne Ave.
 17. (a) Burial (b) Date thereof 5-23-46 (Month) (Day) (Year)
 (c) Place: burial or cremation

18. (a) Signature of funeral director Arthur J. Kimmeler
 (b) Address 3840 Lindell Blvd
 19. (a) MAY 22 1946 (Date received local Registrar) (b) J. F. Bredek (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:
 (a) State Mo. (b) County
 (c) City or town St. Louis (If outside city or town limits, write "RURAL")
 (d) Street No. 5448 Cabanne Ave. (If rural, give location)
 (e) Citizen of foreign country? (Yes or No)
 If yes, name country

MEDICAL CERTIFICATION
 20. DATE OF DEATH: Month May day 21st., year 1946 hour 4 minute 10 P.M.
 21. I hereby certify that I attended the deceased from 15th 1946 to May 21st 1946
 that I last saw him alive on May 20th 1946
 and that death occurred on the date and hour stated above.

Immediate cause of death: Hypertensive Cardiovascular disease
 Due to:
 Due to:

Other conditions: (Include pregnancy within 3 months of death)
 Major findings:
 Of operations:
 Of autopsy:

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 A. P. Munsch (M. D. or other)
 Address 306 Humboldt Bldg Date signed 5/21/46

(Licensed Embalmer's Statement on Reverse Side)

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

17834

18356

022
 517

Duration

6 months +

MOTHER FATHER

146

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

Stanley Marshall

Licensed Embalmer No.....

2868

P. O. Address.....

3840 Linsell

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.