S. No. 2
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WRITE PLAINLY—USE UNFADING BLACK INK—MAKE A PERMANENT RECORD

22254

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

STATE BOARD OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH

FILED JUL 3 1946

State File No.

Registration District No. 318 — Primary Registration District No. 1003 — Registrar's No. 5586

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:
5079 Waterman Blvd.
(If not in hospital or institution, write street number or location)

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

In this community

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. 5079 Waterman Ave.,
(If rural, give location)

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

If yes, name country

3. (a) PRINT FULL NAME EDITH KING TAGGART.

3. (b) If veteran, name war no

3. (c) Social Security 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 Aug. (Month) 9 (Day) 1891 (Year)

8. AGE: Years 54 | Months 10 | Days 14 | If less than one day ___ hr. ___ min.

9. Birthplace Beverly, (City, town, or county) New Jersey (State or foreign country)

10. Usual occupation Sales Lady

11. Industry or business Log Cabin Fur Co.

FATHER
12. Name William Miskey Taggart.
13. Birthplace Philadelphia, (City, town, or county) Penn. (State or foreign country)

MOTHER
14. Maiden name Margaret Heebner.
15. Birthplace Pottsville, (City, town, or county) Penn. (State or foreign country)

16. (a) Informant Wm. M. Taggart
(b) Address 5079 Waterman Blvd.

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 6-25-46 (Month) (Day) (Year)
(c) Place: burial or cremation Valhalla Cemetery.

18. (a) Signature of funeral director C.R. Lupton & Sons
(b) Address 7233 Delmar Blvd.

19. (a) JUN 25 1946 (Date received local registrar) J. F. Bradeck (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month June day 23 year 1946 hour 12:10 minute P. M.

21. I hereby certify that I attended the deceased from Sept., 1940, to June 23, 1946; that I last saw her alive on June 22, 1946; and that death occurred on the date and hour stated above.

Immediate cause of death	Duration
Multiple Myeloma (Bone malignant tumor)	3 mos.
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? (Specify type of place)
While at work? (e) Means of injury

23. Signature Hiram L. Leggett (M. D. or other) MD
Address 3720 Washington Date signed 6/25/46

(Licensed Embalmer's Statement on Reverse Side)

Dr Adam Luggett
3720 Washington
PE 1551

5586

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 Clarence H. Murray

Licensed Embalmer No. 4011

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.