

FILED JUN 31 1946

Registrar's District No.

Primary Registration District No.

Registrar's No. 5344

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: Barnes Hospital, 0  
(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 St. Louis  
(c) City or town Overland  
(If outside city or town limits, write "RURAL")  
(d) Street No. 2826 Conduct Ave.  
(If rural, give location)  
(e) Citizen of foreign country? NR  
(Yes or No)  
If yes, name country

3. (a) PRINT FULL NAME FREDA TAYLOR

3. (b) If veteran, name war NO 3. (c) Social Security No. NONE

4. Sex F / 5. Color or race W 6. (a) Single, widowed, married, divorced M /

6. (b) Name of husband or wife Bryan 6. (c) Age of husband or wife if alive 49 years  
7. Birth date of deceased Sept. 15 1899  
(Month) (Day) (Year)

8. AGE: Years 46 Months 8 Days 29 If less than one day hr. min.

9. Birthplace Pittsburgh Pa.  
(City, town, or county) (State or foreign country)

10. Usual occupation Housewife

11. Industry or business

MOTHER FATHER { 12. Name John Green  
13. Birthplace Uniontown  
(City, town, or county) (State or foreign country)  
14. Maiden name Green  
15. Birthplace Uniontown  
(City, town, or county) (State or foreign country)

16. (a) Informant Bryan Taylor

(b) Address 2826 Conduct Ave. Overland, Mo.

17. (a) Burial (b) Date thereof 6-17-46  
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Mount Lebanon Cem.

18. (a) Signature of funeral director Bryan Taylor

(b) Address 2504 Woodson Rd - Overland, Mo.

19. (a) JUN 17 1946 (b) J. B. Brecken  
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month June day 14  
year 1946 hour 2 minute 7 P. M.

21. I hereby certify that I attended the deceased from June 13 1946, to June 14 1946, that I last saw h. ex alive on June 14 1946; and that death occurred on the date and hour stated above.

Immediate cause of death  
Cardiac decompensation & pulmonary edema  
Due to Rheumatic heart disease  
Duration 10 yrs  
14 yrs

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 Edwin F. Price, Jr. (M. D. or dentist)  
Address Barnes Hospital Date signed 6/14/46

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..... *Harold K. Braun* .....

Licensed Embalmer No..... *4337* .....

P. O. Address..... *Overland 14, 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.**