S. No. 2
0M—2-43
v. 5-17-39
I X35697

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

FILED JUL 3 1946

State File No. 22260

Registration District No. 318 Primary Registration District No. 1003 Registrar's No. 5679

1. PLACE OF DEATH:

(a) County
(b) City or town St. Louis, Missouri
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: City Sanitarium
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution (Specify whether
In this community 35 years
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. 5400 Arsenal St.
(If rural, give location)
(e) Citizen of foreign country? Scotland (Yes or No)
If yes, name country --

3. (a) PRINT FULL NAME SAMUEL TAYLOR

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

7. Birth date of deceased 11 (Month) 18 (Day) 1865 (Year)

8. AGE: Years 80 Months 6 Days 23 If less than one day hr. min.

9. Birthplace Scotland (City, town, or county) 4 (State or foreign country)

10. Usual occupation Laborer

11. Industry or business ----

FATHER
12. Name Unknown
13. Birthplace Scotland (City, town, or county) 4 (State or foreign country)

MOTHER
14. Maiden name Unknown
15. Birthplace Scotland (City, town, or county) 4 (State or foreign country)

16. (a) Informant M. C. Davenport
(b) Address 5400 Arsenal St

17. (a) Anatomical Board (Burial, cremation, or removal) (b) Date thereof 6-12-46 (Month) (Day) (Year)
(c) Place: burial or cremation St. Louis

18. (a) Signature of funeral director W. Kuhlen
(b) Address 3500 Kuhlen

19. (a) JUN 27 1946 (Date received local registrar) J. F. Bredeck (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month 6 day 11
year 46 hour 1:55 minute A M.

21. I hereby certify that I attended the deceased from Jan 1, 1946, to June 11, 1946
that I last saw him alive on June 11, 1946
and that death occurred on the date and hour stated above.

	Duration
Immediate cause of death	
Arteriosclerotic heart	
Due to disease	10 yrs
Due to	
Other conditions Senility (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 J. Schlenker (M. D. or other)
Address 5400 Arsenal Date signed 6-14-46

(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.....

Licensed Embalmer No.....

P. O. Address.....

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.