

FILED JUL 23 1946
318

Registration District No. _____

Primary Registration District No. _____

1003

1. PLACE OF DEATH:

(a) County St. Louis, Mo.
(b) City or town St. Louis, Mo.
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution:
1203 a Tower Grove 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 George C. Taff
3. (b) If veteran, name war None
3. (c) Social Security No. None

4. Sex Male 5. Color or race White
6. (a) Single, widowed, married, divorced Married
6. (b) Name of husband or wife Susan
6. (c) Age of husband or wife if alive 55 years
7. Birth date of deceased Dec. 16 1882
(Month) (Day) (Year)

8. AGE: Years Months Days If less than one day
63 6 17 hr. min.

9. Birthplace Dent County Mo.
(City, town, or county) (State or foreign country)

10. Usual occupation R. R. Watchman (Retired)

11. Industry or business Wabash R. R.

12. Name Thomas J. Taff

13. Birthplace Mo.
(City, town, or county) (State or foreign country)

14. Maiden name Augusta Cooksey
(City, town, or county) (State or foreign country)

15. Birthplace Mo.
(City, town, or county) (State or foreign country)

16. (a) Informant James Taff

(b) Address 1203 a Tower Grove Ave.

17. (a) Removal (b) Date thereof 7 6 46
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Cook Station, Mo. (Motor)

18. (a) Signature of funeral director Kriegshauser Und. Co.

(b) Address 4228 So. Kingshighway Bl.

19. (a) JUL 5 1946 (b) J. Bredeek
(Date received local registrar) (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. 1203 a Tower Grove Ave.
(If rural, give location)
(e) Citizen of foreign country? 0 (Yes or No)
If yes, name country _____

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month July day 3
year 1946 hour 10.55 minute 0 M.
21. I hereby certify that I attended the deceased from June 15, 1946
to July 3, 1946
that I last saw him alive on July 3, 1946
and that death occurred on the date and hour stated above.

Immediate cause of death Carcinoma of Stomach
Duration 8 months

Due to _____
Due to H/O

Other conditions (Include pregnancy within 3 months of death)

Major findings: Carcinoma of Stomach
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 Manuel E. Green (M. D. or other) _____
Address 1625 Tower Grove Ave Date signed 7/3/46

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

24625

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.....

Edwin M. Alexander

Licensed Embalmer No. *3024*

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.