

No. 2
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5-17-39
X36671

55658

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS
STATE BOARD OF HEALTH OF MISSOURI
FILED OCT 28 1946 **STANDARD CERTIFICATE OF DEATH**

State File No. _____
Registrar's No. **9011**

Registration District No. **318** Primary Registration District No. **1003**

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:
De PAUL Hospital
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution **4 hrs**
(Specify whether _____)
In this community _____
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. **3928 COTTAGE AV**
(If rural, give location)
(e) Citizen of foreign country? _____ (Yes or No) _____
If yes, name country _____

3. (a) PRINT FULL NAME **FRANCIS WILLIAM FRANCIS TAYLOR**
3. (b) If veteran, name war _____ 3. (c) Social Security No. **491-16-0491**

MEDICAL CERTIFICATION
20. DATE OF DEATH: Month **OCTOBER** day **20**
year **1946** hour **8** minute **30 PM** M.
21. I hereby certify that I attended the deceased from **October 3rd, 1946, to October 20th, 1946,**
that I last saw him alive on **October 17th, 1946,**
and that death occurred on the date and hour stated above.

4. Sex **MALE** 5. Color or race **WHITE**
6. (a) Single, widowed, married, divorced **MARRIED**
6. (b) Name of husband or wife **HATTIE TAYLOR**
6. (c) Age of husband or wife if alive **39** years
7. Birth date of deceased **JUNE 4 1902**
(Month) (Day) (Year)

Immediate cause of death **Myocardial Steuosis**
Acute Glomerular nephritis
Duration **6 mos**
4 mos

8. AGE: Years **44** Months **4** Days **16**
If less than one day _____ hr. _____ min.

Due to _____
Due to _____
Other conditions (Include pregnancy within 3 months of death) **92**

9. Birthplace **BERTRAND MISSOURI**
(City, town, or county) (State or foreign country)
Usual occupation **unknown**

Major findings: _____
Of operations _____
Of autopsy **none done**
PHYSICIAN _____
Underline the cause to which death should be charged statistically.

Industry or business _____
Name **JAMES W. TAYLOR**
Birthplace _____
(City, town, or county) (State or foreign country)

14. Maiden name **CATHERINE TAYLOR**
15. Birthplace _____
(City, town, or county) (State or foreign country)

16. (a) Informant **MRS HATTIE TAYLOR**
(b) Address **3928 COTTAGE AV**

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?

17. (a) **BURIAL** (b) Date thereof **10-23-1946**
(Burial, cremation, or removal) (Month) (Day) (Year)
(c) Place: burial or cremation **NAYLOR MO**

18. (a) Signature of funeral director **GISH FUNERAL HOME**
(b) Address **NAYLOR MO**
19. (a) **OCT 21 1946** (b) **J. F. Bredek**
(Date received local registrar) (Registrar's signature)

While at work? _____ (Specify type of place) (c) Means of injury **TJ**
23. Signature **J. Gallagher** (M. D. or other) _____
Address **3903 Olive** Date signed **10/21/46**

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

MOTHER'S MAJORITY
can testify

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..... *John Ketter*

Licensed Embalmer No..... *38440*

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.

1102

Registration District No.

318

Primary Registration District No.

1003

Registrar's No.

9041

1. PLACE OF DEATH:

(a) County ST. LOUIS
(b) City or town
(c) Name of hospital or institution:
(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 William F. Taylor

3. (b) If veteran, name war. 3. (c) Social Security No.

4. Sex m 5. Color or race w 6. (a) Single, widowed, married, divorced m

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

7. Birth date of deceased (Month) (Day) (Year)

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

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

10. Usual occupation unknown

11. Industry or business

12. Name

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

14. Maiden name

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

16. (a) Informant

(b) Address

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

(c) Place: burial or cremation

18. (a) Signature of funeral director

(b) Address

19. (a) (Date received local registrar) (b) J. F. Bredbeck (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State (b) County
(c) City or town (If outside city or town limits, write "RURAL")
(d) Street No. (If rural, give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month year 1946 hour minute M.

21. I hereby certify that I attended the deceased from to, 19

that I last saw him alive on, 19

and that death occurred on the date and hour stated above.
immediate cause of death

Duration

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 (M. D. or other)

Address Date signed

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

SUPPLEMENTARY

MOTHER, FATHER

NOV 7

35638

THE STATE BOARD OF HEALTH OF MISSOURI
BUREAU OF VITAL STATISTICS

State File No. 35658
Local Registrar's No. 9011

State of }
County of } ss.

AFFIDAVIT FOR CORRECTION OF A RECORD

On this day of 194....., before me appears.....

....., who, upon oath, states that the original record of ^{birth} death
for William Francis Taylor died 10-20-1946, 19....., in the State of
~~born~~ Missouri, and which was filed at on....., 19....., should be corrected as follows:

Item No. 2 should read William Francis Taylor

Instead of..... William Frances Taylor

Item No. should read

Instead of.....

The above is true to the best of my knowledge, information and belief.

(SEAL)

Affiant Hattie Taylor Inf.
Relationship.

3928 Cottage
Present Address.

Subscribed and sworn to before me this 7 day of Dec, 1945

My Commission expires 3-4-53 Lowell P. Huber Notary Public.

Affidavits containing erasures will not be accepted; draw one line through error and write above it.

