

FILED FEB 5 1947
310

3058

Registration District No. _____

Primary Registration District No. _____

Registrar's No. **14**

1. PLACE OF DEATH:

(a) County **St. Charles**

(b) City or town **St. Charles**
(If outside city or town limits, write "RURAL" and name of township)

(c) Name of hospital or institution:
326 French Street
(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

2. USUAL RESIDENCE OF DECEASED:

(a) State **Missouri** (b) County **St. Charles**

(c) City or town **St. Charles**
(If outside city or town limits, write "RURAL")

(d) Street No. **326 French Street**
(If rural, give location)

(e) Citizen of foreign country? **No** (Yes or No)
If yes, name country.

3. (a) PRINT FULL NAME **Pierre Tayon**

3. (b) If veteran, name war **NIL**

3. (c) Social Security No. **NIL**

4. Sex **Male** 5. Color or race **White**

6. (a) Single, widowed, married, divorced **Widowed**

6. (b) Name of husband or wife **Emma (Dorlaque) Tayon, deceased**

6. (c) Age of husband or wife if **deceased** years

7. Birth date of deceased **January 9 1866**
(Month) (Day) (Year)

8. AGE: Years **81** Months **0** Days **15**
If less than one day hr. min.

9. Birthplace **St. Charles Missouri**
(City, town, or county) (State or foreign country)

10. Usual occupation **Farmer**

11. Industry or business _____

MOTHER { 12. Name **Francis X. Tayon**

13. Birthplace **St. Louis Missouri**
(City, town, or county) (State or foreign country)

14. Maiden name **Virginia Connoyer**

15. Birthplace **St. Louis Missouri**
(City, town, or county) (State or foreign country)

16. (a) Informant **Mrs. Sarah Bacon**

(b) Address **326 French--St. Charles, Mo.**

17. (a) **burial** (b) Date thereof **Jan 27-1947**
(Burial, cremation, or other) (Month) (Day) (Year)

(c) Place: burial or cremation **St. C. St. Charles, Mo.**

18. (a) Signature of funeral director **H. C. Dallmeyer + Sons Co**

(b) Address **800 N. 2nd-St. Charles, Mo.**

19. (a) **1-31-47** (b) **Francis Tayon**
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month **January** day **24**
year **1947** hour **2:30** minute **P.M.**

21. I hereby certify that I attended the deceased from **11/24**, 19**46** to **1/24**, 19**47**
that I last saw h **is** alive on **11/24**, 19**47**
and that death occurred on the date and hour stated above.

Immediate cause of death **Cerebral hypoxia & Rt. Paralysis**

Due to **Essential Hypertension**

Generalized Arteriosclerosis

Due to **Stroke Arteriosclerosis**

Other conditions **Pyelonephritis**
(Include pregnancy within 3 months of death)

Duration **50 days**

PHYSICIAN _____

Underline the cause to which death should be charged statistically.

Major findings: Of operations **No**

Of autopsy **No**

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 **R. C. Hayden** (M. D. or other) **MD**
Address **St. Charles, Mo** Date signed **1/27/47**

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

284

Date Filed 2-4-47

District File Number

District Health Officer No. 9,

RECEIVED

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.....

Herbert C. Dallmeyer....., Registered Apprentice No. 429
working under my personal supervision.

Signed Joseph I Landolt
Licensed Embalmer No. 4189
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.