

No. 2  
12-45  
17-39  
X47070

THE STATE BOARD OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

19778

FILED MAY 21 1947

State File No. \_\_\_\_\_

Registration District No. 379

Primary Registration District No. 6076

Registrar's No. 1040

1. PLACE OF DEATH:

(a) County St. Louis  
(b) City or town Koch (Rural) MO.  
(If outside city or town limits, write "RURAL" and name of township)  
(c) Name of hospital or institution: Koch Hospital  
(If not in hospital or institution, write street number or location)  
(d) Length of stay: In hospital or institution 201 days  
9 yrs (Specify whether years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State MISSOURI (b) County St. Louis  
(c) City or town St. Louis  
(If outside city or town limits, write "RURAL")  
(d) Street No. 3720 COOK  
(If rural, give location)  
(e) Citizen of foreign country? No (Yes or No)  
If yes, name country \_\_\_\_\_

3. (a) PRINT FULL NAME Taylor, Hayden Payne  
3. (b) If veteran, name war No  
3. (c) Social Security 487-16-8136

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month 5 day 7  
year 47 hour 11 minute 45A.M.  
21. I hereby certify that I attended the deceased from 10-18 1946 to 5-7 1947  
that I last saw him alive on 5-7 1947  
and that death occurred on the date and hour stated above.

4. Sex MALE 5. Color or race NEURO  
6. (a) Single, widowed, married, divorced MARRIED  
(b) Name of husband or wife CORANNE TAYLOR  
6. (c) Age of husband or wife if alive 36 years (Month) 03 (Day) (Year)

Immediate cause of death SPONTANEOUS PNEUMOTHORAX, LEFT  
Due to CHRONIC PULMONARY TUBERCULOSIS  
Duration ABOUT 1 HOUR  
8 MONS.

8. AGE: Years 44 Months 2 Days 2 If less than one day \_\_\_\_\_ hr. \_\_\_\_\_ min.

Other conditions (Include pregnancy within 3 months of death) 13

9. Birthplace FAYETTEVILLE ARK  
(City, town, or county) (State or foreign country)  
10. Usual occupation CAR-WASHER

Major findings: Of operations \_\_\_\_\_  
Of autopsy SAME AS ABOVE  
PHYSICIAN \_\_\_\_\_  
Underline the cause to which death should be charged statistically.

MOTHER FATHER

11. Industry or business \_\_\_\_\_  
12. Name WILL C. TAYLOR  
13. Birthplace FAYETTEVILLE ARK.  
(City, town, or county) (State or foreign country)  
14. Maiden name ELVA HOWELL  
15. Birthplace ARK  
(City, town, or county) (State or foreign country)

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? \_\_\_\_\_

16. (a) Informant HOSPITAL RECORDS  
(b) Address Koch Hosp. Koch, Mo.  
17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 5-13-47  
(Month) (Day) (Year)  
(c) Place: burial or cremation WASHINGTON PARK

While at work? \_\_\_\_\_ (Specify type of place) (c) Means of injury \_\_\_\_\_  
23. Signature Johay Medgorman M. D. or other M.D.  
Address Koch Hosp. Koch, Mo. Date signed 5-8-47

18. (a) Signature of funeral director E. B. Kanner  
(b) Address 1221 N. Grand Blvd  
19. (a) 5-8-47 (Date received local registrar) (b) Central (Registrar signature) Address \_\_\_\_\_

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

Leroy W. Bannister, Registered Apprentice No. 465  
working under my personal supervision.

Signed

Eugene Miles

Licensed Embalmer No.

3623

P. O. Address

1221 - N. Grand

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.