

S. No. 2
M-542
v. 5-17-39
X32873

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

36319

State File No.

FILED OCT 24 1947

1003

9580

Registration District No.

Primary Registration District No.

Registrar's No.

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

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:
St. Regis Hotel, 421 No. 3 Broadway
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution.....
In this community 24 yrs 7 mo 29 days
years, months or days (Specify whether)

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. 2834 a Indiana
(If rural, give location)
(e) Citizen of foreign country? No (Yes or No)
If yes, name country.....

3. (a) PRINT FULL NAME ROY E. TAYLOR

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

4. Sex Male 5. Color or race White 6. (a) Single, widowed, married, divorced Divorced
6. (b) Name of husband or wife..... 6. (c) Age of husband or wife if alive..... years

7. Birth date of deceased February 14th 1923
(Month) (Day) (Year)

8. AGE: Years Months Days If less than one day
24 7 29 hr. min.

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

10. Usual occupation Machinist

11. Industry or business Unknown

MOTHER FATHER

12. Name Noel E. Taylor
13. Birthplace Carter County Missouri
(City, town, or county) (State or foreign country)
14. Maiden name Cora Grimm
15. Birthplace Delhi Ohio
(City, town, or county) (State or foreign country)

16. (a) Informant Noel E. Taylor (Father)
(b) Address 2834 a Indiana

17. (a) Burial (b) Date thereof 10-16-1947
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Friedens Cemetery
18. (a) Signature of funeral director Suedmeyer & Sons

(b) Address 3934 No. 20th street

19. (a) OCT 16 1947 (b) J. F. Brebeck
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Oct. day 13
year 1947 hour 11 minute 00 A.M.

21. I hereby certify that I attended the deceased from Oct. 11, 1947 to Oct. 13, 1947
that I last saw him in life on Oct. 13, 1947
and that death occurred on the date and hour stated above.

Immediate cause of death.....
CONGESTIVE HEART FAILURE Duration 3 DAYS
Due to AORTIC STENOSIS 10 YRS.

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

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?

While at work?..... (Specify type of place)
(c) Means of injury.....

23. Signature James T. Cook (M. D. or other) M.D.
Address 5536 11th Ave Date signed 10-15-47

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 me
....., Registered Apprentice No.
working under my personal supervision.

Signed..... P. A. Smithers
Licensed Embalmer No. 3916
P. O. Address..... 3934 N. 20 St.

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.