No. 2
2-45
17-39
X47070

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

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

THE STATE BOARD OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH

State File No. 40248
11101

FILED DEC 15 1947

Registration District No. 318 Primary Registration District No. 1003 Registrar's No.

1. PLACE OF DEATH:

(a) County: St. Louis
(b) City or town: (If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: St. Mary's Infirmary 0
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution (Specify whether years, months or days)
In this community: 11 YEARS.

2. USUAL RESIDENCE OF DECEASED:

(a) State: Mo (b) County: Dae
(c) City or town: St. Louis (If outside city or town limits, write "RURAL") 17
(d) Street No.: 1504 Blair (If rural, give location) 9
(e) Citizen of foreign country? (Yes or No) 26 J
If yes, name country:

3. (a) PRINT FULL NAME: Pete Taylor
3. (b) If veteran, name war:
3. (c) Social Security No.:
4. Sex: M 2
5. Color or race: Col
6. (a) Single, widowed, married, divorced: MARRIED
6. (b) Name of husband or wife: Lulamae Taylor
6. (c) Age of husband or wife if alive: 47 years
7. Birth date of deceased: June (Month) 18 (Day) 1890 (Year)

8. AGE: Years 57 Months 5 Days 12 If less than one day hr. min.

9. Birthplace: Tenn (City, town, or county) (State or foreign country)
10. Usual occupation: Labor
11. Industry or business:
FATHER 12. Name: Dorsey Taylor
13. Birthplace: Unknown (City, town, or county) (State or foreign country)
MOTHER 14. Maiden name: Rose Barber
15. Birthplace: Tenn (City, town, or county) (State or foreign country)
16. (a) Informant: Lulamae Taylor
(b) Address: 1504 Blair Ave
17. (a) Burial (Burial, cremation, or removal) (b) Date thereof: 12 (Month) 4 (Day) 1947 (Year)
(c) Place: burial or cremation: Greenwood Cem.
18. (a) Signature of funeral director: F. A. Green
(b) Address: 4214 Delmar
19. (a) DEC 4 - 1947 (Date received local registrar) (b) J. T. Broderick (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Nov day 30 year 1947 hour 8 minute P (A.M.)
21. I hereby certify that I attended the deceased from 8-18-47 to 11-30- 1947 and that I last saw him alive on 11-30- 1947 and that death occurred on the date and hour stated above.

Immediate cause of death	Duration
Virus Pulmonary Infection	11-25-47
Due to:	
Due to:	
Other conditions. (Include pregnancy within 3 months of death) Probable malignancy of Pancreas	1946
Chronic obstructive Jaundice	1946

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: J. C. Sherrard (M. D. or other)
Address: 8762 Franklin Date signed: 12-2-47

(Licensed Embalmer's Statement on Reverse Side)

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 Guyton H. Swan, Registered Apprentice No. 101, working under my personal supervision.

Signed F. A. Green

Licensed Embalmer No. 2963

P. O. Address 4214 Delmar B

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.