S. No. 2
M—1/47
5-17-39

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

FEDERAL SECURITY AGENCY
National Office of Vital Statistics

FILED APR 30 1948 318

Registration District No.

MISSOURI DIVISION OF HEALTH
STANDARD CERTIFICATE OF DEATH

Primary Registration District No. 1003

State File No. 14706

Registrar's No. 3864

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 St. Lukes Hospital (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

2. USUAL RESIDENCE OF DECEASED:
(a) State Missouri (b) County 000
(c) City or town St. Louis (If outside city or town limits, write "RURAL") 17
(d) Street No. 4570 West Papin (If rural, give location) 9
(e) Citizen of foreign country? (Yes or No) 0
If yes, name country

3. (a) PRINT FULL NAME PAUL L. TAYLOR.
3. (b) If veteran, name war No
3. (c) Social Security No. Unknown

4. Sex Male 0
5. Color or race White
6. (a) Single, widowed, married, divorced Married
6. (b) Name of husband or wife Irene Taylor
6. (c) Age of husband or wife if alive 31 years
7. Birth date of deceased September (Month) 7 (Day) 1910 (Year)

8. AGE: Years 37 Months 7 Days 15 If less than one day hr. min.

9. Birthplace Birmingham (City, town, or county) Alabama (State or foreign country) 1
10. Usual occupation Dep't. Manager
11. Industry or business Bell Telephone Co.

MOTHER FATHER
12. Name Paul Taylor Sr.
13. Birthplace Birmongham (City, town, or county) Alabama (State or foreign country) 1
14. Maiden name Lucy Vann
15. Birthplace Birmongham (City, town, or county) Alabama (State or foreign country) 1

16. (a) Informant Thomas Taylor
(b) Address 4570 West Papin
17. (a) Removal (Burial, cremation, or removal) (b) Date thereof 4-23-48 (Month) (Day) (Year)
(c) Place: burial or cremation Birmingham, Alabama
18. (a) Signature of funeral director Albert H. Hoppe
(b) Address 4700 Washington Blvd.
19. (a) APR 23 1948 (Date received local registrar) (b) J. F. Bredeck (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month April day 22 year 1948 hour 5-30 minute P. M.
21. I hereby certify that I attended the deceased from 8 April 1948 to 22 April 1948 that I last saw him alive on 22 April 1948; and that death occurred on the date and hour stated above.

Immediate cause of death — Duration
Post Operative Hemorrhage — 8 hrs
Sympathectomy (first operation April 8th., second April 22nd.)
Due to
Other conditions (Include pregnancy within 3 months of death) Essential Hypertension 10 yrs.
Major findings:
Of operations 103
Of autopsy same.

PHYSICIAN
Underline the cause of 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 Robert D. Woolen (M. D. or other)
Address 4500 Olive, St Louis 18 Date signed 22 Apr 48

Jefferson City Printing Co.

(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.....

....., Registered Apprentice No.....,

working under my personal supervision.

Signed Albert L Hayes

Licensed Embalmer No. 2971

P. O. Address.....

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.