

MISSOURI DIVISION OF HEALTH
STANDARD CERTIFICATE OF DEATH

State File No.

FILED JUL 3 1948
Registration District No. 318

Primary Registration District No.

Registrar's No. 5704

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:
6034 Etzel Avenue
(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)

3. (a) PRINT FULL NAME MATTIE TAYLOR

3. (b) If veteran, name war None 3. (c) Social Security No. None

4. Sex Female 5. Color or race White 6. (a) Single, widowed, married, divorced Married

6. (b) Name of husband or wife Ferris Taylor 6. (c) Age of husband or wife if alive 57 years

7. Birth date of deceased July 3, 1889
(Month) (Day) (Year)

8. AGE: Years Months Days If less than one day
58 11 20 hr. min.

9. Birthplace Bennettsville South Carolina
(City, town, or county) (State or foreign country)

10. Usual occupation Secretary

11. Industry or business Salvation Army Corps

12. Name Unknown

13. Birthplace Unknown
(City, town, or county) (State or foreign country)

14. Maiden name Unknown

15. Birthplace Unknown
(City, town, or county) (State or foreign country)

16. (a) Informant Mr. Ferris Taylor

(b) Address 6034 Etzel Avenue

17. (a) Cremation (b) Date thereof June 25, 1948
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Valhalla Chapel of Memor

18. (a) Signature of funeral director Shepard Funeral Home

(b) Address 1167 Hamilton Avenue

19. (a) JUN 24 1948 J. F. Brudeck
(Date received local registrar) (Registrar's signature)

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. 6034 Etzel Avenue
(If rural, give location)
(e) Citizen of foreign country? No (Yes or No)
If yes, name country.....

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month June day 23, 1948
year hour 3:50 minute A M.

21. I hereby certify that I attended the deceased from June 10 1948 to June 23 1948
that I last saw h. alive on June 22 1948
and that death occurred on the date and hour stated above.

Immediate cause of death Chronic Endocarditis and Myocarditis from history ascertained
Due to 9:20

Other conditions (Include pregnancy within 3 months of death).....
Major findings: Of operations.....
Of autopsy.....

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?.....
(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 J. F. Brudeck (M. D. or other) MD
Address 2807 W. Grand Ave Date signed 6/24/48

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

8-0
47
39
906

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 *Henry M. Brammer*

Licensed Embalmer No. *4200*

P. O. Address *St. Louis*

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.