No. 2
1/47
17-39

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

FEDERAL SECURITY AGENCY
National Office of Vital Statistics

FILED OCT 4 1948

Registration District No. 3487

MISSOURI DIVISION OF HEALTH
STANDARD CERTIFICATE OF DEATH

State File No. 31581

Primary Registration District No. 3066

Registrar's No. 2484

1. PLACE OF DEATH:
(a) County: St. Louis
(b) City or town: Kirkwood
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: 743 Cleveland Ave., Kir
(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: St. Louis
(c) City or town: Kirkwood
(If outside city or town limits, write "RURAL")
(d) Street No. 743 Cleveland Ave
(If rural, give location)
(e) Citizen of foreign country? No (Yes or No)
If yes, name country .....

3. (a) PRINT FULL NAME: Joseph P. Taylor
3. (b) If veteran, name war .....
3. (c) Social Security No. 486-20-9654

4. Sex: Male
5. Color or race: White
6. (a) Single, widowed, married, divorced: Married
6. (b) Name of husband or wife: Anna Taylor
6. (c) Age of husband or wife if alive: 79 years
7. Birth date of deceased: September (Month) 20 (Day) 1861 (Year)

8. AGE: Years 86 | Months 11 | Days 24 | If less than one day ..... hr. ..... min.

9. Birthplace: Cuba (City, town, or county) Missouri (State or foreign country)
10. Usual occupation: Retired
11. Industry or business .....

FATHER
12. Name: Calvin Taylor
13. Birthplace: Cuba (City, town, or county) Missouri (State or foreign country)

MOTHER
14. Maiden name: Elizabeth Moore
15. Birthplace: Cuba (City, town, or county) Missouri (State or foreign country)

16. (a) Informant: Mrs. Anna Taylor
(b) Address: 743 Cleveland Ave. Kirkwood
17. (a) Burial (Burial, cremation, or removal) (b) Date thereof: 9/17/48 (Month) (Day) (Year)
(c) Place: burial or cremation: Oak Hill Cemetery
18. (a) Signature of funeral director: Louis H. Bopp, Inc.
(b) Address: 131 W. Argonne Dr., Kirkwood
19. (a) 9-16-48 (Date received local registrar) (b) [illegible] (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month September day 14 year 1948 hour 11 45 minute 8 A.M.

21. I hereby certify that I attended the deceased from 9/1, 1948 to 9/14, 1948 that I last saw him alive on 9/14, 1948 and that death occurred on the date and hour stated above.

	Duration
Immediate cause of death: Acute cardiac delatation	1 day
Due to: Chronic Myocarditis	10 yrs.
Due to: [illegible]	
Other conditions (Include pregnancy within 3 months of death): Bronchial asthma	6 yrs

Major findings:
Of operations: —
Of autopsy: —

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: [illegible] M.D. or other
Address: Kirkwood, St. Mo Date signed 9/17/48

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 Felix Durand

Licensed Embalmer No. 3034

P. O. Address Inkwood 22 WO

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.