

No. 300-10-47
5-17-39
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FEDERAL SECURITY AGENCY

National Office of Vital Statistics

FILED OCT 23 1948

Registration District No. 318

MISSOURI DIVISION OF HEALTH
STANDARD CERTIFICATE OF DEATH

Primary Registration District No. 1003

State File No. 34753

Registrar's No. 8917

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:
Missouri Baptist Hospital
(If not in hospital or institution, write street number and location)

(d) Length of stay: In hospital or institution 2 1/2 Mo (Specify whether years, months or days)

In this community _____ years, months or days

3. (a) PRINT FULL NAME HAYDEN TAYLOR

3. (b) If veteran, name war _____

3. (c) Social Security No. _____

4. Sex male 5. Color or race white 6. (a) Single, widowed, married, divorced Single

6. (b) Name of husband or wife Dorothy 6. (c) Age of husband or wife if alive 30 years

7. Birth date of deceased Feb 9 1909
(Month) (Day) (Year)

8. AGE: Years 39 Months 8 Days 4 If less than one day hr. _____ min. _____

9. Birthplace Knox County Missouri
(City, town, or county) (State or foreign country)

10. Usual occupation Truck driver

11. Industry or business _____

12. Name George Taylor

13. Birthplace Knox County Missouri
(City, town, or county) (State or foreign country)

14. Maiden name Irina Hayden

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

16. (a) Informant Dorothy Taylor

(b) Address Edina Missouri

17. (a) burial (b) Date thereof 10-16-1948
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Edina Missouri

18. (a) Signature of funeral director Rowland Mortuary Service

(b) Address 4104 Manchester

19. (a) OCT 14 1948 J. F. Bredeek
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State MISSOURI (b) County Knox 57

(c) City or town Edina
(If outside city or town limits, write "RURAL")

(d) Street No. NR (If rural, give location)

(e) Citizen of foreign country? _____ (Yes or No)

If yes, name country _____

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month October day 13
year 1948 hour 7 minute 55 A.M.

21. I hereby certify that I attended the deceased from _____, 19____, to _____, 19____;

that I last saw him alive on _____, 19____;

and that death occurred on the date and hour stated above.

Immediate cause of death Brain Abscess; following an injury sustained when a charge of dynamite was set off while deceased was backing a truck into a rock quarry to get a load of lime fertilizer, and which threw him from truck, causing him to strike his head on a rock, at Edina, Mo., on July 20, 1948.

Due to _____

Due to _____

(Other conditions (Include pregnancy within 3 months of death))

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) Accident

(b) Date of occurrence July 20, 1948

(c) Where did injury occur? Edina, Mo.
(City or town) (County) (State)

(d) Did injury occur in or about home, on farm, in industrial place, in public place? public place

While at work? see above (Specify type of place) see above

(e) Means of injury _____

23. Signature J. F. Bredeek (M. D. or other) _____

Address 300 Mark Date signed 10/13/48

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

MOTHER FATHER

52
1948

NOV 5 1948

2168

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

J. Allen Davis Jr

Licensed Embalmer No.

4053

P. O. Address

Atkins Mo

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.