

S. No. 3906
OM - 10-47
Rev. 5-17-39

FEDERAL SECURITY AGENCY
National Office of Vital Statistics

MISSOURI DIVISION OF HEALTH
STANDARD CERTIFICATE OF DEATH
1003

State File No. 38693
9780
Registrar's No.

FILED NOV 19 1948
Registration District No. 818

Primary Registration District No.

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

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:
3457 Lawn Ave.
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution
In this community _____
years, months or days

2. USUAL RESIDENCE OF DECEASED:

(a) State Mo. (b) County
(c) City or town St. Louis
(If outside city or town limits, write "RURAL")
(d) Street No. 3457 Lawn Ave.
(If rural, give location)
(e) Citizen of foreign country? _____ (Yes or No)
If yes, name country

3. (a) PRINT FULL NAME WILL I. TAYLOR

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

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

6. (b) Name of husband or wife Laura 6. (c) Age of husband or wife if alive 43 years

7. Birth date of deceased March 13 1901
(Month) (Day) (Year)

8. AGE: Years Months Days If less than one day
47 7 26 hr. min.

9. Birthplace Union Mo.
(City, town, or county) (State or foreign country)

10. Usual occupation Secretary-Treasurer

11. Industry or business Compton Motor Co.

12. Name John Taylor

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

14. Maiden name Lula Isgrig

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

16. (a) Informant Laura Taylor

(b) Address 3457 Lawn Ave.

17. (a) Burial (b) Date thereof 11-12-48
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Lakewood Park Cem.

18. (a) Signature of funeral director Kriegshauser Und. Co.

(b) Address 4228 So. Kingshighway Bl.

19. (a) NOV 16 1948 (b) J. B. Farster
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Nov. day 9
year 1948 hour 8:45 minute A. M.

21. I hereby certify that I attended the deceased from June 1948 to Nov 9 1948
that I last saw him alive on Nov 7 1948
and that death occurred on the date and hour stated above.

Immediate cause of death Chronic Heart Disease Duration 5 years

Due to

Due to

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? (City or town) (County) (State)

(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 Walter W. Davis (M. D. or other)

Address 539 N Grand Ave Date signed 11/9/48

PHYSICIAN

Underline the cause to which death should be charged statistically.

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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 William B. White

Licensed Embalmer No. 4291

P. O. Address 4228 Lehigh Highway

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.