

FILED MAR 15 1948

Primary Registration District No. 1003

Registrar's No. 2374

1. PLACE OF DEATH:

(a) County _____
(b) City or town St. Louis, Mo.
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution:
Chase Hotel, 212 No. Kingshighway
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution _____
(Specify whether _____)
In this community Several years
years, months or days

3. (a) PRINT FULL NAME Adelaide Loomis Taussig

3. (b) If veteran, name war _____ 3. (c) Social Security No. _____

4. Sex F. / 5. Color or race W. 6. (a) Single, widowed, married, divorced M. /

6. (b) Name of husband or wife Amadee J. Taussig 6. (c) Age of husband or wife if alive _____ years

7. Birth date of deceased Sept. 14 1875
(Month) (Day) (Year)

8. AGE:	Years	Months	Days	If less than one day
	<u>72</u>	<u>5</u>	<u>22</u>	hr. _____ min. _____

9. Birthplace Titusville, Pa.
(City, town, or county) (State or foreign country)

10. Usual occupation Housewife

11. Industry or business _____

12. Name Frank Loomis

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

14. Maiden name Sarah Sherman

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

16. (a) Informant A. J. Taussig

(b) Address Hotel Chase, St. Louis, Mo.

17. (a) burial (b) Date thereof 3/8-1948
(Burial, cremation, or reposal) (Month) (Day) (Year)

(c) Place: burial or cremation Bellefontaine

18. (a) Signature of funeral director Alexander G. ...
(b) Address 6175 Delmar

19. (a) MAR 9 1948 (b) J. F. Bradock
(Date received local registrar) (Registrar's signature)

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")
(d) Street No. 212 No. Kingshighway
(If rural, give location)
(e) Citizen of foreign country? _____ (Yes or No)
If yes, name country _____

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Mar day 6
year 1948 hour 7 minute 50 P.M.

21. I hereby certify that I attended the deceased from Feb. 1944 to Mar 6 1948;

that I last saw h. l. alive on Mar 6 1948 and that death occurred on the date and hour stated above.

Immediate cause of death
Cerebral hemorrhage / Previous cerebral hemorrhage
Duration 5 days / 8 1/2 mo.

Due to Arteriosclerosis
Hypertension (essential)

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) _____

(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 Barnett L. Taussig (M. D. or other) MD
Address 4500 Olive St. Louis, Mo Date signed Mar 7

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

MOTHER FATHER

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 John E. McCulloch
Licensed Embalmer No. 2460
P. O. Address 6175 Dulman

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.