

REC'D JUN 9 1938

MISSOURI STATE BOARD OF HEALTH

BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

791  
1003

16423

Do not use this space.

4284

1. PLACE OF DEATH *Homer G. Philip*
- (a) County *St. Louis* Registration District No. *6*
- (b) Township *James & Phillips* Primary Registration District No. *460*
- (c) City *St. Louis* (d) Street No. *4858 Aldine* Registered No. *4284*
- (e) Length of residence in city or town where death occurred yrs. mos. ds. (f) How long in U. S., if of foreign birth? yrs. mos. ds.
2. PRINT FULL NAME *Elizabeth Taylor*
- (a) Residence, No. *4858 Aldine* St. *6* (If nonresident, give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX *male* 4. COLOR OR RACE *Colored* 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) *Single*

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF *Single*

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) *3-1-1908*

7. AGE	YEARS	MONTHS	DAYS	If LESS than 1 day, hrs. or min.
<i>35</i>	<i>13</i>	<i>2</i>	<i>3</i>	

8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc.

9. Industry or business in which work was done, as saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year) *6-28-37*

11. Total time (years) spent in this occupation *29*

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) *Farmington Mo*

FATHER

13. NAME *Ellis Taylor*

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) *Farmington Mo*

MOTHER

15. MAIDEN NAME *Ada Aiken Moore*

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) *Farmington Mo*

17. INFORMANT (ADDRESS) *William Taylor Mo*

18. BURIAL, CREMATION, OR REMOVAL PLACE *Washington Park* DATE *5-10-38*

19. FUNERAL DIRECTOR (ADDRESS) *Ellis Irving 3054 Thouras St*

20. FILED *MAY 10 1938 J. F. Budeck Local Registrar*

*No other contributory causes*

21. DATE OF DEATH (MONTH, DAY AND YEAR) *May 4 1938*

22. I HEREBY CERTIFY, That I attended deceased from *May 4 1938*, 19... to *May 4 1938*, 19... I last saw him alive on *May 4 1938*. Death is said to have occurred on the date stated above, at *3:45 P.M.* The principal cause of death and related causes of importance were as follows:

*adherent pericarditis*

*Mildes Regurgitation*

Other contributory causes of importance:

Name of operation \_\_\_\_\_ Date of \_\_\_\_\_

What test confirmed diagnosis? \_\_\_\_\_ Was there an autopsy? *yes*

23. If death was due to external causes (violence), fill in also the following: Accident, suicide, or homicide? \_\_\_\_\_ Date of injury \_\_\_\_\_, 19... Where did injury occur? \_\_\_\_\_ (Specify city or town, county, and State) Specify whether injury occurred in industry, in home, or in public place.

Manner of injury \_\_\_\_\_ Nature of injury \_\_\_\_\_

24. Was disease or injury in any way related to occupation of deceased? *4* If so, specify *Yes* (Signed) *W. H. Perry* M. D. (Address) *Republic Corner*

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important.

STATEMENT BY LICENSED EMBALMER

I, Rex C. Campbell

Licensed Embalmer No. 3881

hereby certify that the body recorded on the reverse side of this certificate was embalmed by Raymond Burke

L. E.

No. 3985 or by

Registered Apprentice No.

working under my personal supervision.

Signed Rex C. Campbell

Licensed Embalmer No. 3881

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.)

FILL IN ANSWERS TO ALL SPACES  
CHECKED IN RED PENCIL.

MISSOURI STATE BOARD OF HEALTH  
BUREAU OF VITAL STATISTICS  
CERTIFICATE OF DEATH

16423  
Do not use this space.

1. PLACE OF DEATH  
(a) County St Louis Registration District No. 791  
(b) Township \_\_\_\_\_ Primary Registration District No. 1003 Registered No. 4284  
(c) City St Louis (d) Street No. \_\_\_\_\_ St. \_\_\_\_\_  
(If death occurred in Hospital or Institution, write its name instead of street and number)  
(e) Length of residence in city or town where death occurred yrs. mos. ds. (f) How long in U.S., if of foreign birth? yrs. mos. ds.

2. PRINT FULL NAME Dzell Taylor  
(a) Residence, No. \_\_\_\_\_ St.  (If nonresident, give city or town and State)  
(Usual place of abode, if no street address, write county or city)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX m 4. COLOR OR RACE cul 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) single

5A: IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF \_\_\_\_\_

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) \_\_\_\_\_

7. AGE YEARS MONTHS DAYS If LESS than 1 day, \_\_\_\_\_ hrs. or \_\_\_\_\_ min.  
30 2 3

8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc. Labor

9. Industry or business in which work was done, as saw mill, bank, etc. common

10. Date deceased last worked at this occupation (month and year) \_\_\_\_\_ 11. Total time (years) spent in this occupation \_\_\_\_\_

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) \_\_\_\_\_

FATHER 13. NAME \_\_\_\_\_  
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) \_\_\_\_\_

MOTHER 15. MAIDEN NAME \_\_\_\_\_  
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) \_\_\_\_\_

17. INFORMANT (ADDRESS) \_\_\_\_\_

18. BURIAL, CREMATION, OR REMOVAL  
PLACE \_\_\_\_\_ DATE \_\_\_\_\_ 19 \_\_\_\_\_

19. FUNERAL DIRECTOR (ADDRESS) \_\_\_\_\_

20. FILED JUN 20 1938 J. F. Bredeek Local Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) May 4 1938

22. I HEREBY CERTIFY, That I attended deceased from \_\_\_\_\_ 19\_\_\_\_ to \_\_\_\_\_, 19\_\_\_\_

I last saw h\_\_\_\_\_ alive on \_\_\_\_\_, 19\_\_\_\_. Death is said to have occurred on the date stated above, at \_\_\_\_\_ m.

The principal cause of death and related causes of importance were as follows:

Other contributory causes of importance: \_\_\_\_\_

Name of operation \_\_\_\_\_ Date of \_\_\_\_\_

What test confirmed diagnosis? \_\_\_\_\_ Was there an autopsy? \_\_\_\_\_

23. If death was due to external causes (violence), fill in also the following:  
Accident, suicide, or homicide? \_\_\_\_\_ Date of injury \_\_\_\_\_, 19\_\_\_\_  
Where did injury occur? \_\_\_\_\_ (Specify city or town, county, and State)  
Specify whether injury occurred in industry, in home, or in public place. \_\_\_\_\_

Manner of injury \_\_\_\_\_  
Nature of injury \_\_\_\_\_

24. Was disease or injury in any way related to occupation of deceased? \_\_\_\_\_  
If so, specify \_\_\_\_\_ (Signed) Alfred J. Perry, M. D.  
(Address) Deputy Coroner

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. REGISTRARS SHALL NOT RECEIVE A FEE FOR CERTIFICATES UNTIL THEY ARE COMPLETED AS PRESCRIBED BY LAW.

1938

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