

Registration District No. 791

Primary Registration District No. 1003

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:
Homer G. Phillips
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution 12 days
(Specify whether
In this community
years, months or days)

3. (a) PRINT FULL NAME Otis Taylor

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

4. Sex M 5. Color or race Negro 6. (a) Single, widowed, married, divorced 0

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

7. Birth date of deceased 12 3 1941
(Month) (Day) (Year)

8. AGE: Years Months Days If less than one day
12 hr. min.

9. Birthplace St. Louis 0 No.
(City, town, or county) (State or foreign country)

10. Usual occupation - -

11. Industry or business.....

MOTHER FATHER { 12. Name Arthur Taylor

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

14. Maiden name Evelyn Taylor

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

16. (a) Informant Arthur May Sheward, R. R. L.

(b) Address 2601 N. Whittier St.

17. (a) Burial (b) Date the body was buried (Day) (Year)
DEC 23 1941
CITY CEMETERY

(c) Place: burial or cremation.....

18. (a) Signature of funeral director Ira Hamilton

(b) Address City Heights Dept

19. (a) DEC 23 1941 (b) J. F. Bredbeck
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(c) State Missouri (b) County 21
(c) City or town St. Louis
(If outside city or town limits, write "RURAL")
(d) Street No. 1126 N. 23rd St.
(If rural, give location)
(e) Citizen of foreign country?..... (Yes or No)
If yes, name country.....

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month 12 day 15
year 1941 hour 3 minute 35 P.M.

21. I hereby certify that I attended the deceased from 12-3- 19 41 to 12-15- 1941;
that I last saw him alive on 12-15- 1941;
and that death occurred on the date and hour stated above.

Immediate cause of death Atelectasis Neonatorum

Due to.....

Due to.....

Other conditions 1601
(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 D.S. Moore (M. D. or other)

Address 2601 N. Whittier Date signed 12-20-41

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

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17
9

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.....

Licensed Embalmer No.....

P. O. Address.....

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.