

FILED JUN 22 1947 91

Registration District No.

Primary Registration District No.

1. PLACE OF DEATH:

(a) County St Louis

(b) City or town St Louis Mo.

(c) Name of hospital or institution: 3761 Cook Ave.
(If outside city or town limits, write "RURAL" and name of township)

(d) Length of stay: In hospital or institution. 3 Yrs.
(Specify whether years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County 11 9

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

(d) Street No. 3761 Cook Ave
(If rural, give location)

(e) Citizen of foreign country? 0 (Yes or No)
If yes, name country _____

3. (a) PRINT FULL NAME HELEN TAYLOR RAYFORD

3. (b) If veteran, name war -- --

3. (c) Social Security No. None

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

6. (b) Name of husband or wife Rufus Rayford 6. (c) Age of husband or wife if alive 56 years

7. Birth date of deceased: Feb. 10th 1899
(Month) (Day) (Year)

8. AGE: Years 43 Months 3 Days 25 If less than one day hr. min.

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

10. Usual occupation Domestic

11. Industry or business Walter Taylor

12. Name St Louis Mo.

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

14. Maiden name St Louis Mo.

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

16. (a) Informant 3761 Cook Ave.

(b) Address Burial

17. (a) Burial (b) Date thereof 6-10-47
(Burial, cremation, or removal) (Month, Day, Year)

(c) Place: burial or cremation Washington Park Cemetery
(City, town, or county) (State)

18. (a) Signature of funeral director Ellis Fun, Home

(b) Address 2820 St. Louis St

19. (a) J.P. Predeck (b) J.P. Predeck
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month June 5th

year 1942 hour 4/30 minute P. M.

21. I hereby certify that I attended the deceased from 5-21-
1942 to 6-5- 1942
that I last saw her alive on 6-5- 1942
and that death occurred on the date and hour stated above.

Immediate cause of death: Cancer Rectum Duration 6 mo

Due to Hb

Other conditions: Cancer Rectum

Major findings: Cancer Rectum PHYSICIAN _____

Of operations _____ Underline the cause to which death should be charged statistically.

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)

Did injury occur in or about home, on farm, in industrial place, in public place? _____

While at work _____ (Specify type of place)

(d) Means of injury _____

23. Signature Jenny O. Hampton
Address 2328 Market St Date signed _____

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 L. Boy

....., Registered Apprentice No. 9720

working under my personal supervision.

Signed Tommie Boykin

Licensed Embalmer No. 2946

P. O. Address St. Louis 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.