

FILED DEC 11 1942 318

Registration District No.

Primary Registration District No. 1

Registrar's No.

1. PLACE OF DEATH:

(a) County
(b) City or town. St. Louis, Missouri.
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution:
City Infirmary. 0
(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)

2. USUAL RESIDENCE OF DECEASED:

(a) State 100
(b) County 12
(c) City or town. St. Louis, Missouri.
(If outside city or town limits, write "RURAL")
(d) Street No. 303 8 25
(If rural, give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country. American 0

3. (a) PRINT FULL NAME Gabriel Taylor.

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

4. Sex Male. 2
5. Color or race Colored
6. (a) Single, widowed, married, divorced, Widower

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

7. Birth date of deceased October 8 1872.
(Month) (Day) (Year)

8. AGE: Years Months Days If less than one day
70 1 6 hr. min.

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

10. Usual occupation Laborer.

11. Industry or business

12. Name Lawson Taylor.

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

14. Maiden name Farnes Dillard

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

16. (a) Informant Louise Green

(b) Address 5800 Arsenal

17. (a) Autosomal Burial (b) Date thereof 11-20-42
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Washington

18. (a) Signature of funeral director W. B. Rubin

(b) Address 3800 Rutledge St

19. (a) NDV 30 1942 (b) J. F. Bradach
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month November day 14,
year 1942, hour 12:35 minute AM.

21. I hereby certify that I attended the deceased from
19... to 19...

that I last saw him... alive on... 19...
and that death occurred on the date and hour stated above.

Immediate cause of death Cardiac decompensation

Due to syphilis of the aorta.

Due to

Other conditions (Includes pregnancy within 3 months of death)

Major findings: Of operations

Of autopsy none

Duration

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 W. Maxwell (M. D. or other)

Address 5600 Arsenal St Date signed 11-16-42

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.....

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.