

FILED DEC 29 1942

Registration District No.

Primary Registration District No. 1003

Registrar's No. 10603

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:
Peoples Hospital
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution. 2 weeks
(Specify whether

In this community..... 50 Years
years, months or days)

2. USUAL RESIDENCE OF DECEASED: 000

(a) State Missouri (b) County..... 17

(c) City or town. St. Louis 9 11
(If outside city or town limits, write "RURAL")

(d) Street No. 4167 Enright ave
(If rural, give location)

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

3. (a) PRINT FULL NAME Ida Taylor

3. (b) If veteran, name war. None

3. (c) Social Security No. None

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

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

7. Birth date of deceased. December 25th 1860
(Month) (Day) (Year)

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

81 11 23 hr. min.

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

10. Usual occupation. Housework

11. Industry or business. at home

12. Name Phillip Brown

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

14. Maiden name Amelia Brown

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

16. (a) Informant. Rosie Rucker

(b) Address. 4167 Enright ave

17. (a) Burial (b) Date thereof. 12/21/42
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation. St. Peters Cemetery

18. (a) Signature of funeral director. C. W. Roberts

(b) Address. 2035 Levee ave

19. (a) DEC 20 1942 (b) J. F. Medek
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month 12 day 18
year 1942 hour 10 minute 30 A.M.

21. I hereby certify that I attended the deceased from Nov 2
1941, to Dec 18 1942
that I last saw her alive on 12/18 1942
and that death occurred on the date and hour stated above.

Immediate cause of death. Diabetic Gangrene Rt. Foot

Due to 61

Due to 1-11

Other conditions. Nephritis
(Include pregnancy within 3 months of death)

Major findings: Diabetic Gangrene Rt. Foot

Of autopsy.....

Duration

4 wks

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. William S. Dikler M.D.

Address. 901 N. Vandeventer Date signed 12/19/42

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

NOV 25 1968

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 Fulton E. Culkin

Licensed Embalmer No. 4198

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.