

FILED JUL 24 1943 318
 Registration District No.

Primary Registration District No. 1003

6427

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

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 Homer G. Phillips Hospital
(If not in hospital or institution, write street number or location)
 (d) Length of stay: In hospital or institution 4 days (Specify whether
 In this community 25 years years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County 000
 (c) City or town St. Louis 17
(If outside city or town limits, write "RURAL") 918
 (d) Street No. 2951 Garrison Court
(If rural, give location)
 (e) Citizen of foreign country? _____ (Yes or No)
 If yes, name country _____

3. (a) PRINT FULL NAME Earnest Taylor

3. (b) If veteran, name war None 3. (c) Social Security No. 491-12-5750

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

6. (b) Name of husband or wife Tetana Taylor 6. (c) Age of husband or wife if alive 24 years

7. Birth date of deceased Apr 6 1902
(Month) (Day) (Year)

8. AGE: Years 41 Months 3 Days 3 If less than one day _____ hr. _____ min.

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

10. Usual occupation Laborer

11. Industry or business _____

MOTHER { 12. Name Jessie Taylor

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

14. Maiden name Ida Richmond

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

16. (a) Informant Tetana Taylor

(b) Address 2951 Garrison court

17. (a) Remove (b) Date thereof July 16-43
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Byhalia Miss

18. (a) Signature of funeral director J. W. Hughes

(b) Address 2620 Leavelle Blvd

19. (a) JUL 16 1943 (b) J. F. Braddock
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month July day 9, year 1943 hour 8 minute 45 P. M.

21. I hereby certify that I attended the deceased from July 5, 1943 to July 9, 1943

that I last saw him alive on July 9, 1943; and that death occurred on the date and hour stated above.

Immediate cause of death Pellagra Unk.
Poly avitaminosis Unk.

Due to _____

Due to _____

Other conditions WA
(Include pregnancy within 3 months of death)

Major findings: Of operations _____

Of autopsy _____

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) (Means of injury)

23. Signature J. S. Smith 0 (M, D, or other)

Address St. Louis Date signed 7/12/43

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 *Linda A. Fisher*

Licensed Embalmer No. *2938*

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.