

FILED MAY 20 1948

Registration District No.

Primary Registration District No. 1003

Registrar's No.

1. PLACE OF DEATH:

(a) County
(b) City or town St. Louis, Mo.
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution:
3718 Enright Ave
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution.....
(Specify whether
In this community.....
years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State MO (b) County 000
(c) City or town St. Louis 1719
(If outside city or town limits, write "RURAL")
(d) Street No. 3718 Enright Ave
(If rural, give location)
(e) Citizen of foreign country?..... (Yes or No)
If yes, name country..... 0

MEDICAL CERTIFICATION

3. (a) PRINT FULL NAME Arthur Taylor
3. (b) If veteran, name war..... 3. (c) Social Security No.....

20. DATE OF DEATH: Month May day 9th
year 1944 hour 11 minute P M.

21. I hereby certify that I attended the deceased from....., 19....., to....., 19.....;
that I last saw h..... alive on....., 19.....;
and that death occurred on the date and hour stated above.

4. Sex M. 5. Color or race Negro 6. (a) Single, widowed, married, divorced.....
6. (b) Name of husband or wife Berthevine Taylor 6. (c) Age of husband or wife if alive..... years
7. Birth date of deceased June 6 1906
(Month) (Day) (Year)

Immediate cause of death
Chronic Myocarditis
decompensated heart

8. AGE: Years Months Days If less than one day
37 11 7 hr. min.

Due to.....
Due to.....
Other conditions..... (Include pregnancy within 3 months of death)
Major findings:
1. Of operations.....
Of autopsy.....

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

10. Usual occupation Mechanic
11. Industry or business
12. Name Will Taylor
13. Birthplace Arkansas
(City, town, or county) (State or foreign country)

14. Maiden name Elizabeth Scales
15. Birthplace Arkansas
(City, town, or county) (State or foreign country)

16. (a) Informant Elizabeth Stewart
(b) Address 3718 Enright
17. (a) Burial Date thereof 5-12-44
(Burial, cremation, or removal) (Month) (Day) (Year)
(c) Place: burial or cremation Greenwood Cem

18. (a) Signature of funeral director English Wnd. Co.
(b) Address 2931 Lucas Ave
19. (a) MAY 11 1948 (Date received local registrar's) J. F. Bunker (Registrar's signature)

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) (a) Means of injury
23. Signature Alfred Perry (M. D. or other) 5/14/44
Address..... Date signed.....

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

MOTHER FATHER

MAY 21 1948

Embalmer sep cert to be filed

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.....

.....
working under my personal supervision.

Registered Apprentice No.....

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.