

FILED MAY 3 1945 18

Primary Registration District No. 1003

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

1. PLACE OF DEATH:

(a) County St. Louis, Mo.
(b) City or town St. Louis, Mo.
(c) Name of hospital or institution: Homer G. Phillips Hospital
(d) Length of stay: In hospital or institution 12 days
In this community 17 years

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County
(c) City or town St. Louis, Mo.
(d) Street No. 2743 Chouteau
(e) Citizen of foreign country? (Yes or No)

3. (a) PRINT FULL NAME Eddie C. Taylor

3. (b) If veteran, name war. 3. (c) Social Security No. 486-22-5859

4. Sex Male 9 5. Color or race Col. 6. (a) Single, widowed, married, divorced Married

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

7. Birth date of deceased April 8th 1920

8. AGE: Years 25 Months 0 Days 13 If less than one day hr. 4 min.

9. Birthplace Pinebluff Ark.

10. Usual occupation Labor Scullin's Steel CO.

11. Industry or business Ernest Taylor

12. Name Ernest Taylor Jackson, Miss.

13. Birthplace Pinebluff Ark.

14. Maiden name Alice Haze Ark.

15. Birthplace Pinebluff Ark.

16. (a) Informant Ernest Taylor 2743 Chouteau Ave.

(b) Address 2743 Chouteau Ave.

17. (a) (Burial, cremation, or removal) Washington Park Cem. (b) Date thereof Apr. 27, 1945

(c) Place: burial or cremation Washington Park Cem.

18. (c) Signature of funeral director J. P. Venable

(b) Address 2743 Chouteau Ave.

19. (a) APR 26 1945 (b) J. P. Venable (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month April day 22, year 1945 hour 3 minute 55 A. M.

21. I hereby certify that I attended the deceased from April 9, 1945 to April 22, 1945.

that I last saw him alive on April 22, 1945 and that death occurred on the date and hour stated above.

Immediate cause of death Acute Leukemia (monocytic)

Due to

Due to

Other conditions (Include pregnancy within 3 months of death)

Major findings: Of operations

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)

(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 J. P. Venable (M. D.)

Address J. P. Venable Date signed 4/26/45

Duration

Unk.

PHYSICIAN

Underline the cause to which death should be charged statistically.

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. 2698
P. O. Address 2769 Charlotte

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: