

FILED / MAR 4 1948

Registration District No. _____

Primary Registration District No. 3063

Registrar's No. 457

1. PLACE OF DEATH: St. Louis

(a) County St. Louis

(b) City or town Clayton
(If outside city or town limits, write "RURAL" and name of township)

(c) Name of hospital or institution: St. Louis County Hospital
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution 9 days
(Specify whether years, months or days)

In this community 15 years
(Specify whether years, months or days)

3. (a) PRINT FULL NAME FLORA GAYLOR

3. (b) If veteran, name war _____

3. (c) Social Security No. _____

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

6. (b) Name of husband or wife Winfield Gaylor 6. (c) Age of husband or wife if alive 55 years

7. Birth date of deceased February 18 1908
(Month) (Day) (Year)

8. AGE: Years 37 Months 11 Days 29 If less than one day hr. _____ min. _____

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

10. Usual occupation Housewife

11. Industry or business _____

12. Name Steve Harris

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

14. Maiden name Susan Dieson

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

16. (a) Informant Flora Gaylor - patient

(b) Address 230 Taylor

17. (a) Burial (b) Date thereof 2/23/46
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Father Dickson

18. (a) Signature of funeral director J. C. Lewis

(b) Address 23 Euclid Webster Groves

19. (a) 2-23-46 (b) W. M. ...
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County St. Louis 9/1

(c) City or town Webster Groves
(If outside city or town limits, write "RURAL")

(d) Street No. 230 Taylor
(If rural, give location)

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

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month February day 16th
year 1946 hour Six minute 10 AM.

21. I hereby certify that I attended the deceased from February 7th, 1946, to February 16, 1946, that I last saw h. er alive on February 16, 1946, and that death occurred on the date and hour stated above.

Immediate cause of death Chronic myelogenous Leukemia

Due to _____

Due to _____

Other conditions 746
(Include pregnancy within 3 months of death)

Major findings: Enlarged liver
Spleen
Of autopsy as above

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 J

23. Signature Donald O. Binst (M. D. or other) M. D.
Address 601 Brentwood Date signed 2-14-46

Duration

PHYSICIAN

Underline the cause to which death should be charged statistically.

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

5896

16
2
3

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 _____

J. Lewis

Licensed Embalmer No. 2027

P. O. Address Webster Grove

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.