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DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS
THE STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. _____
Registrar's No. **6583**

FILED AUG 318 1946

Registration District No. _____ Primary Registration District No. **1003**

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:
Homer G Phillips
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution **1 mo; 11 days**
30 yrs (Specify whether years, months or days)

In this community _____

2. USUAL RESIDENCE OF DECEASED:

(a) State **Mo** (b) County _____

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

(d) Street No. **1434 No Garrison**
(If rural, give location)

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

3. (a) PRINT FULL NAME **Ernest Taylor**

3. (b) If veteran, name war _____

3. (c) Social Security No. **499-01-8217**

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month **July** day **23**
year **1946** hour **7** minute **25** P.M.

21. I hereby certify that I attended the deceased from
June 12, 19**46** to **July 23,** 19**46**
that I last saw h. **im** alive on **July 23,** 19**46**
and that death occurred on the date and hour stated above.

4. Sex **Male** **5. Color or race** **Negro**

6. (a) Single, widowed, married, divorced **Married**

6. (b) Name of husband or wife **Hattie Taylor**

6. (c) Age of husband or wife if alive **70** years

7. Birth date of deceased **May 15th 1884**
(Month) (Day) (Year)

Immediate cause of death _____
Chr Interstitial Nephritis with Uremia

Due to _____

Due to _____

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

Major findings:
Of operations _____

Of autopsy _____

Duration **Unk**

8. AGE:

Years	Months	Days	If less than one day
62	2	8	hr. _____ min.

9. Birthplace **Jackson Tenn.**
(City, town, or county) (State or foreign country)

10. Usual occupation **Labor**

11. Industry or business _____

MOTHER FATHER

12. Name **Unknown** **9**

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

14. Maiden name **Unknown**

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

16. (a) Informant **(Mrs.) Hattie Taylor**

(b) Address **1434 N. Garrison Avenue**

17. (a) Burial **(b) Date thereof** **7-29-46**
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation **Washington Park, Cen.**

18. (a) Signature of funeral director **Peoples Und. Co.**

(b) Address **3100 Franklin Avenue**

19. (a) JUL 27 1946 **(b) J. F. Bredeek**
(Date received local registrar) (Registrar's signature)

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. F. Bredeek** **(M. D. or other)**

Address **2601 N Whittier St.** **Date signed** **7-25-46**

(Licensed Embalmer's Statement on Reverse Side)

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

24623

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.....

John H. Petrus

Licensed Embalmer No. *4184*

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.