

No. 2
1-5-43
5-17-39
I X36671

FILED DEC 23 1946

318

Primary Registration District No. _____

1003

Registrar's No. 10863

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 Hospital
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution 8 Hrs. 52 Mins.
(Specify whether _____)
In this community _____
years, months or days

3. (a) PRINT FULL NAME Irene Bernice Taylor

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 ()

6. (b) Name of husband or wife _____ 6. (c) Age of husband or wife if alive _____ years
7. Birth date of deceased 12 8 46
(Month) (Day) (Year)

8. AGE: Years _____ Months _____ Days _____ If less than one day 8 hr. 52 min.

9. Birthplace St. Louis Missouri
(City, town, or county) (State or foreign country)

10. Usual occupation _____

11. Industry or business _____

12. Name _____

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

14. Maiden name Theima Mae Taylor

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

16. (a) Informant Arthur M. Leland, R.R. 2
(b) Address 2601 N. Whittier

17. (a) Burial (b) Date thereof DEC 10 1946
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation CITY CEMETERY

18. (a) Signature of funeral director V. B. Hudson

(b) Address City Health Dept

19. (a) DEC 10 1946 (b) J. F. Precedo
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County _____
(c) City or town St. Louis
(If outside city or town limits, write "RURAL")
(d) Street No. 1700 Whittier
(If rural, give location)
(e) Citizen of foreign country? _____ (Yes or No)
If yes, name country _____

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month 12 day 8
year 1946 hour 11 minute 51 P. M.

21. I hereby certify that I attended the deceased from 2:18 P. M.
12 - 8 1946 to 11:51 P. M. 12-8, 1946
that I last saw her alive on 12 - 8 1946
and that death occurred on the date and hour stated above.

Immediate cause of death Prematurity

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 W. O. Amber (M. D. XXXX) 46

Address 2601 N. Whittier Date signed 12-13

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

4835

MOTHER FATHER

Duration

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.....

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.