

No. 2
12-45
5-17-39
X47070

FILED FEB 24 1947
Registration District No. **318**

Primary Registration District No. **1003**

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

1. PLACE OF DEATH:

(a) County _____

(b) City or town St. Louis, Missouri
(If outside city or town limits, write "RURAL" and name of township)

(c) Name of hospital or institution:
3905 a. Finney Ave.
(If not in hospital or institution, write street number or location)

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

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

3. (a) PRINT FULL NAME OKA T. PASKEL TAYLOR

3. (b) If veteran, name war None

3. (c) Social Security No. None

4. Sex Female

5. Color or race Negro

6. (a) Single, widowed, married, divorced widow

6. (b) Name of husband or wife dead

6. (c) Age of husband or wife if alive _____

7. Birth date of deceased January 17, 1888
(Month) (Day) (Year)

8. AGE <u>69</u> 57 Years	Months <u>0</u>	Days <u>27</u>	If less than one day hr. _____ min. _____
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9. Birthplace Holly Springs, Miss.
(City, town, or county) (State or foreign country)

10. Usual occupation Housewife

11. Industry or business _____

MOTHER FATHER { 12. Name Harold DeBerry

13. Birthplace Holly Springs, Miss.
(City, town, or county) (State or foreign country)

14. Maiden name Eliza Guyton

15. Birthplace Holly Springs, Miss.
(City, town, or county) (State or foreign country)

16. (a) Informant Henry DeBerry

(b) Address 3905 a. Finney Ave.

17. (a) Burial (b) Date thereof 2/18/47
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Greenwood Cemetery

18. (a) Signature of funeral director C. W. ROBERTS

(b) Address 1416 N. Taylor Ave.

19. (a) FEB 17 1947 (b) J. F. Brudick
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County oro

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

(d) Street No. 3905 a. Finney Ave
(If rural, give location)

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

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Feb day 14
year 1947 hour 8 minute 10 M.

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

Immediate cause of death _____

Due to Cerebral Hemorrhage

Due to _____

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

Major findings: Of operations 88

Of autopsy _____

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) (e) Means of injury 3

23. Signature [Signature] (M. D. or other) _____
Address _____ Date signed 2/17/47

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 Fulton E. Culkin

Licensed Embalmer No. 7198

P. O. Address Stanis 13. 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.