No. 2
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5-17-39
X36671

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

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

THE STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 15712

FILED APR 21 1947

Registration District No. 318 Primary Registration District No. 1003 Registrar's No. 3791

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 Phillips Hosp.
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution 0 (Specify whether
In this community Unknown
years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County 21
(c) City or town St. Louis
(If outside city or town limits, write "RURAL")
(d) Street No. 3179 Brantner Pl. D
(If rural, give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country

3. (a) PRINT FULL NAME Juanita Taylor

3. (b) If veteran, name war No
3. (c) Social Security No. None

4. Sex Fem 3
5. Color or race Col
6. (a) Single, widowed, married, divorced Married
6. (b) Name of husband or wife Unknown
6. (c) Age of husband or wife if alive Unk. years
7. Birth date of deceased Abt 1911 (Month) (Day) (Year)

8. AGE: Years Abt. 36 | Months | Days | If less than one day hr. min.

9. Birthplace Unknown 9 (City, town, or county) (State or foreign country)
10. Usual occupation Nil
11. Industry or business

FATHER
12. Name Unknown
13. Birthplace Unknown 9 (City, town, or county) (State or foreign country)

MOTHER
14. Maiden name Cotia Stewart
15. Birthplace Little Rock Ark 1 (City, town, or county) (State or foreign country)

16. (a) Informant Daisy Clark
(b) Address 9415 S. Wentworth, Chicago, Ill
17. (a) Removal (Burial, cremation, or removal) (b) Date thereof 4-10-47 (Month) (Day) (Year)
(c) Place: burial or cremation E. St. Louis Ill
18. (a) Signature of funeral director R. M. C. Green
(b) Address 3517 Laclede Ave
19. (a) APR 10 '47 (Date received local registrar) (b) J. F. Bredeck (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month April day 5
year 1947 hour 3 minute a M.
21. I hereby certify that I attended the deceased from
, 19, to , 19;
that I last saw h alive on , 19;
and that death occurred on the date and hour stated above.

Immediate cause of death Bowel Obstruction Volvulus & Anesthesia While being operated on at City Hospital #2 on April 5th 1947

Duration

Due to

Due to

Other conditions
(Include pregnancy within 3 months of death)

Major findings:
Of operations

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?
(Specify type of place)
While at work? (e) Means of injury 5

23. Signature Patrick E. Ayle (M. D. or other)
Address Dayton Date signed 4/8/47

(Licensed Embalmer's Statement on Reverse Side)

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. 1175

P. O. Address 3517 Sacledeare

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.