

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

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 **2 days**  
(Specify whether  
 In this community **30 yrs**  
years, months or days)

2. USUAL RESIDENCE OF DECEASED:  
 (a) State **Missouri** (b) County **dad**  
 (c) City or town **St. Louis** **17**  
(If outside city or town limits, write "RURAL")  
 (d) Street No. **2701 Dickson** **9**  
(If rural, give location)  
 (e) Citizen of foreign country? **21** **0**  
(Yes or No)  
 If yes, name country.....

3. (a) PRINT FULL NAME **Ida Taylor**  
 3. (b) If veteran, **No** name war.....  
 3. (c) Social Security No. **No**

MEDICAL CERTIFICATION  
 20. DATE OF DEATH: Month **July** day **25**  
 year **1947** hour **10** minute **15 P. M.**

4. Sex **Female** 5. Color **Color**  
**3** race.....  
 6. (a) Single, widowed, married, divorced **Widower**  
 6. (b) Name of husband or wife..... 6. (c) Age of husband or wife if  
**Oct. 18-2** alive..... years

21. I hereby certify that I attended the deceased from **July 23,** 19 **47** to **July 25,** 19 **47**.  
 that I last saw her alive on **July 25,** 19 **47**,  
 and that death occurred on the date and hour stated above. **Duration**

7. Birth date of deceased.....  
(Month) (Day) (Year)  
 8. AGE: Years Months Days If less than one day  
**About 41** hr. min.

Immediate cause of death.....  
**Hypertensive Cardio-Vascular Disease with Decompensation** **Unk**

9. Birthplace **Wynon Ark**  
(City, town, or county) (State or foreign country)  
 10. Usual occupation **Housekeeper**

Due to.....  
 Due to..... **93**  
 Other conditions.....  
(Include pregnancy within 3 months of death)

11. Industry or business.....  
 12. Name **Will Hudson**  
 13. Birthplace **Poplar Bluff Ark**  
(City, town, or county) (State or foreign country)  
 14. Maiden name **Leta Campbell**  
 15. Birthplace **Miss**  
(City, town, or county) (State or foreign country)

Major findings:  
 Of operations.....  
 Of autopsy.....  
**PHYSICIAN**  
 Underline the cause of which death should be charged statistically.

16. (a) Informant **Willie Jordan**  
 (b) Address **2701 Dixon Street**  
 17. (a) **Buried** (b) Date thereof **7-30-47**  
(Burial, cremation, or removal) (Month) (Day) (Year)  
 (c) Place: burial or cremation **Washington Park**  
 18. (a) Signature of funeral director **W. P. Best Ltd**  
 (b) Address **24303 Delmar Blvd**  
**JUL 28 1947** (c) **J. F. Bracek**  
(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?.....  
(Specify type of place)  
 While at work?..... (e) Means of injury.....  
 23. Signature **O. J. Daniels** (M. D. **0**)  
 Address **2601 N Whittier** Date signed **7-28-47**

---

---

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 *Vera J. Wilson*.....

Licensed Embalmer No. *4435*.....

P. O. Address *4303 Delmar Beach*.....

**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.