S. No. 2
—1/47
5-17-39

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

FEDERAL SECURITY AGENCY
National Office of Vital Statistics
FILED FEB 93 1948
Registration District No. 1

MISSOURI DIVISION OF HEALTH
STANDARD CERTIFICATE OF DEATH

Primary Registration District No. 6076

State File No. 2 3541
Registrar's No. 274

1. PLACE OF DEATH:

(a) County St. Louis
(b) City or town Jefferson Barracks, Missouri
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: Veterans Administration Hospital
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution 1 mo. 5 days (Specify whether
In this community 1 month - 5 days
years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Illinois (b) County Saint Clair
(c) City or town East St. Louis
(If outside city or town limits, write "RURAL")
(d) Street No. 1310 Market Street
(If rural, give location)
(e) Citizen of foreign country? - (Yes or No)
If yes, name country -

3. (a) PRINT FULL NAME NAYLOR, David
3. (b) If veteran, name war WW-2
3. (c) Social Security No. 428 24 0436
4. Sex Male
5. Color or race Negro
6. (a) Single, widowed, married, divorced Single
6. (b) Name of husband or wife -
6. (c) Age of husband or wife if alive - years
7. Birth date of deceased September (Month) 2 (Day) 1925 (Year)

8. AGE: Years	Months	Days	If less than one day
22	4	24	hr. min.

9. Birthplace Lauderdale, Mississippi
(City, town, or county) (State or foreign country)
10. Usual occupation Laborer
11. Industry or business
FATHER
12. Name Ivory Naylor
13. Birthplace - Mississippi
(City, town, or county) (State or foreign country)
MOTHER
14. Maiden name Earlie Miller
15. Birthplace - Mississippi
(City, town, or county) (State or foreign country)
16. (a) Informant Registrar
(b) Address Jefferson Barracks, Mo.
17. (a) Removal (Burial, cremation, or removal) (b) Date thereof 1/31/48 (Month) (Day) (Year)
(c) Place: burial or cremation Meridan, Miss.
18. (a) Signature of funeral director [signature]
(b) Address 3517 Daulede ave
19. (a) 1-31-48 (Date received local registrar) (b) [signature] (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month January day 26
year 1948 hour 11:00 minute A. M.
21. I hereby certify that I attended the deceased from December 21, 1947, to January 26, 1948;
that I last saw him alive on January 26, 1948;
and that death occurred on the date and hour stated above.

	Duration
Immediate cause of death CEREBRAL EDEMA AND INTERNAL HYDROCEPHALUS	Unk
Due to -	
Due to -	
Other conditions - (Include pregnancy within 3 months of death)	

Major findings:
Of operations Craniotomy 1-23-48
Of autopsy Autopsy performed (See cause of death)

PHYSICIAN
Underline the cause of which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide (specify) None
(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 L.E. Stilwell (M.D. ~~or other~~)
Address Jefferson Barracks, Mo. Date signed 1/26/48

Jefferson City Printing Co.
(Licensed Embalmer's Statement on Reverse Side)

MAR 14 1948

JUN 21 1948

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: [illegible]

Licensed Embalmer No. 1173

P. O. Address 3517 Salcedo Av

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.