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MISSOURI DIVISION OF HEALTH
STANDARD CERTIFICATE OF DEATH

State File No. 24780

FILED AUG 6 1948

Registration District No. 318

Primary Registration District No. 1003

Registrar's No. 6533

1. PLACE OF DEATH:

(a) County _____
(b) City or town St. Louis, Mo.
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution:
Missouri Pacific Hospital
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution 28 hours
(Specify whether
In this community About 23 yrs.
years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Mo. (b) County _____
(c) City or town St. Louis
(If outside city or town limits, write "RURAL")
(d) Street No. 3105 Rutger
(If rural, give location)
(e) Citizen of foreign country? NO (Yes or No)
If yes, name country _____

3. (a) PRINT FULL NAME

Luther Taylor

3. (b) If veteran, name war _____

3. (c) Social Security No. _____

4. Sex M 2 | 5. Color or race Col | 6. (a) Single, widowed, married, divorced M |
6. (b) Name of husband or wife Willie Taylor | 6. (c) Age of husband or wife if alive 37 years
7. Birth date of deceased unknown
(Month) (Day) (Year)

8. AGE: Years Months Days If less than one day
About 60 hr. min.

9. Birthplace Winston Salem N.C.
(City, town, or county) (State or foreign country)

10. Usual occupation Laborer

11. Industry or business None

12. Name Jamies Taylor

13. Birthplace Winston Salem N.C.
(City, town, or county) (State or foreign country)

14. Maiden name Sarah unk

15. Birthplace Winston Salem N.C.
(City, town, or county) (State or foreign country)

16. (a) Informant Lillie Taylor

(b) Address 3105 Rutger

17. (a) Burial (b) Date thereof 7-26-48
(City, town, or county) (Month) (Day) (Year)

(c) Place of burial or cremation Washington West Park

18. (a) Signature of funeral director A. J. Beal

(b) Address 4303 Reginald Blvd.

19. (a) JUL 24 1948 (b) J. F. Predeck
(Date received local Registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month 7 day 22
year 48 hour 6 minute 25 A.M.

21. I hereby certify that I attended the deceased from 7/21/48
1948 to 7/22/48 1948
that I last saw him alive on 7/21 1948
and that death occurred on the date and hour stated above.

Immediate cause of death Coronary Thrombosis

Due to arteriosclerotic
Heart Disease.

Other conditions Diabetes Mellitus
Pneumonia

Major findings: _____
Of operations: none
Of autopsy: none

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? 0

While at work? _____ (Specify type of place) (c) Means of injury _____
23. Signature Paul G. Gots (M. D. or other) MD
Address Mo. Pac. Strip Date signed 7/22/48

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

MOTHER FATHER

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.....

S. J. Watson

Licensed Embalmer No.....

2698

P. O. Address.....

2769 Chouteau

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.