FILED NOV 28 1956

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

STATE FILE NUMBER 39851

Registration District No. 318 Primary Registration District No. 1003 Registrar's No. 9849

1. PLACE OF DEATH
a. COUNTY: None
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN: St. Louis — Inside Limits Yes ☐ No ☐
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION: Homer G. Phillips — Length of stay in 1b: 2/12

2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)
a. STATE: Missouri b. COUNTY: None
c. CITY OR TOWN: St. Louis — Inside Limits Yes ☒ No ☐
d. STREET ADDRESS (If outside, give location): 1215 N. Grand Ave — Reside on Farm Yes ☐ No ☒

3. NAME OF DECEASED (Type or print): First: Is abelle Middle: Last: TAYLOR
4. DATE OF DEATH: Month Oct Day 25 Year 1956

5. SEX: Female
6. COLOR OR RACE: Negro
7. MARRIED ☒ NEVER MARRIED ☐ WIDOWED ☐ DIVORCED ☐
8. DATE OF BIRTH: Feb. 7, 1904
9. AGE (In years last birthday): 52 — IF UNDER 1 YEAR: Months, Days — IF UNDER 24 HRS.: Hours, Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Housewife (maid)
10b. KIND OF BUSINESS OR INDUSTRY: domestic
11. BIRTHPLACE (City and state or country): Lauderdale, Miss.
12. CITIZEN OF WHAT COUNTRY? USA
13. FATHER'S NAME: William Darden
14. MOTHER'S MAIDEN NAME: Ellabelle Robinson
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown): No (If yes, give war or dates of service)
16. SOCIAL SECURITY NO.: 490-36-8678
17. INFORMANT: Ernest T. Taylor, 1215 N. Grand Avenue (Address)

MEDICAL CERTIFICATION

18. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c).] — INTERVAL BETWEEN ONSET AND DEATH
PART I. DEATH WAS CAUSED BY:
IMMEDIATE CAUSE (a) Clear cell Carcinoma of Kidney
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. DUE TO (b) Metastasis to Liver and Spine
DUE TO (c)
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I(a) 180 X
19. WAS AUTOPSY PERFORMED? YES ☒ NO ☐

20a. ACCIDENT ☐ SUICIDE ☐ HOMICIDE ☐
20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Part I or Part II of item 18.)
20c. TIME OF INJURY Hour a. m. p. m. Month, Day, Year
20d. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐
20e. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)
20f. CITY, TOWN, OR LOCATION COUNTY STATE

21. I attended the deceased from _____ to _____ and last saw her/him alive on _____
Death occurred at 2:10 P.M. on the date stated above; and to the best of my knowledge, from the causes stated.

22a. SIGNATURE: Joseph Lucas Degree MD
22b. ADDRESS: 1300 Clark Avenue
22c. DATE SIGNED: 10/29/56

23a. BURIAL, CREMATION, REMOVAL (Specify): Removal
23b. DATE: 11-1-56
23c. NAME OF CEMETERY OR CREMATORY: Washington Park
23d. LOCATION (City, town, or county) (State): Berkeley, City, Mo.

24. FUNERAL DIRECTOR: A'tkins Bros., ADDRESS: 3644 Finney Avenue
25. DATE RECD. BY LOCAL REG.: OCT 29 1956
26. REGISTRAR'S SIGNATURE: Karl Smith MD

(Licensed Embalmer's Statement on Reverse Side)

Coroner, Coroner, etc. must use only blank ... Diseases in Part I must be casually related. Coroner cannot certify to a death due to natural causes.
USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was en

by me, or by ....., Student Embalmer No.....

working under my personal supervision..

Student.....
Signature of Student Embalmer

Signed....John K Cunningham

Licensed Embalmer No...44

P. O. Address 2405 Marcus

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (
to comply with the above constitutes grounds for revocation of license).

If embalmed by a STUDENT, he also shall sign in his OWN handwriting.

If this body is not embalmed, fact should be so stated above.