

MAR 25 1941 791

Registration District No.

Primary Registration District No. 1003

Registrar's No. 1191

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 A
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution 25 days
In this community 17 years
(Specify whether years, months or days)

3. (a) PRINT FULL NAME Kitty Taylor

3. (b) If veteran, name war..... 3. (c) Social Security No. 493-01-8031

4. Sex FEMALE 5. Color or race NEGRO 6. (a) Single, widowed, married, divorced DIVORCED
6. (b) Name of husband or wife DENNIS SEALS 6. (c) Age of husband or wife if alive NOT KNOWN years
7. Birth date of deceased DECEMBER 29 1901
(Month) (Day) (Year)

8. AGE: Years Months Days If less than one day
49 2 4 hr. min.

9. Birthplace WOODVILLE MISSISSIPPI
(City, town, or county) (State or foreign country)

10. Usual occupation JANITRESS

11. Industry or business ARCADE BUILDING

12. Name CHARLES WILLIAMS

13. Birthplace WOODVILLE MISS.
(City, town, or county) (State or foreign country)

14. Maiden name MARY PARKER

15. Birthplace WOODVILLE MISS.
(City, town, or county) (State or foreign country)

16. (a) Informant Charles E. Taylor

(b) Address 3169 BRANTNER PLACE

17. (a) BURIAL (b) Date thereof 2-6-41
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation WASHINGTON PARKY CEM.

18. (a) Signature of funeral director Elmer E. Patton

(b) Address 3030 BEDL AVE.

19. (a) FEB 5 1941 (b) J. J. Woodcock
(Date received by Registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County 000
(c) City or town St Louis 17
(If outside city or town limits, write "RURAL") 9-21
(d) Street No. 3169 Brantner Place
(If rural, give location)
(e) If foreign born, how long in U. S. A.? 0 years.

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month February day 3
year 1941 hour 7:55 minute A M.

21. I hereby certify that I attended the deceased from December 9, 1940, to February 3, 1941;
that I last saw her alive on February 3, 1941;
and that death occurred on the date and hour stated above.

Immediate cause of death Carcinoma of Cervix Duration 3-4 yrs

Due to.....

Due to.....

Other conditions (Include pregnancy within 3 months of death)

Major findings: Of operations

Of autopsy.....

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?

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

23. Signature W. J. Smiley (M. D. or other)
Address 2601 N Whittier Date signed 2/3/41

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

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.....

William C. McDowell

Registered Apprentice No.....

working under my personal supervision.

Signed.....

William C. McDowell
21114

Licensed Embalmer No.....

P. O. Address.....

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.