

REC'D MAY 25 1941

Registration District No. **791**

Primary Registration District No. **1003**

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**  
(If not in hospital or institution, write street number or location)  
(d) Length of stay: In hospital or institution **7 days**  
In this community **5 years**  
(Specify whether years, months or days)

3. (a) PRINT FULL NAME **Annie Taylor**

3. (b) If veteran, name war ----- 3. (c) Social Security No. **Unk**

4. Sex **F** 5. Color or race **Negro** 6. (a) Single, widowed, married, divorced **S O**

6. (b) Name of husband or wife ----- 6. (c) Age of husband or wife if alive ----- years

7. Birth date of deceased **April 21, 1914**  
(Month) (Day) (Year)

8. AGE: Years Months Days If less than one day  
**26 9 12** hr. min.

9. Birthplace **Farmington Missouri**  
(City, town, or county) (State or foreign country)

10. Usual occupation **Housework**

11. Industry or business

12. Name **Ellis Taylor**

13. Birthplace **Missouri**  
(City, town, or county) (State or foreign country)

14. Maiden name

15. Birthplace **Ada Ackermore Missouri**  
(City, town, or county) (State or foreign country)

16. (a) Informant **Clara Jones, Sister**

(b) Address **4011 a Page**

17. (a) **Removal** (b) Date thereof **2/9/41**  
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation **Farmington, Missouri**

18. (a) Signature of funeral director **Lee J. Sneed**

(b) Address **2812 Thomas**

19. (a) **FEB 8 1941** (b) **J. J. Budrek**  
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State **Missouri** (b) County **000**  
(c) City or town **St Louis** **1117**  
(If outside city or town limits, write "RURAL")  
(d) Street No. **4011 a Page** **9**  
(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 **6**  
year **1941** hour **8:55** minute **P** M.

21. I hereby certify that I attended the deceased from **January 31, 1941** to **February 6, 1941**  
that I last saw him alive on **February 6, 1941**  
and that death occurred on the date and hour stated above.

Immediate cause of death **Pulmonary Tuberculosis** Duration **8 weeks**

Due to **15**

Due to **15**

Other conditions **15**  
(Include pregnancy within 3 months of death)

Major findings: **15**  
Of operations **20**

Of autopsy **None**

Duration  
PHYSICIAN  
Underline the cause to which death should be charged statistically.

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)  
(b) Means of injury **0**

23. Signature **Clarence Allen** (M. D. or other) \_\_\_\_\_  
Address **2601 N Whittier** Date signed \_\_\_\_\_

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

*myself*

Registered Apprentice No.

working under my personal supervision

Signed

*M. Hensley*

Licensed Embalmer No. *2266*

P. O. Address *2812, Thomas St.*

**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.**