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7-39  
K28390

FILLED NOV 24 1941

Registration District No. 791

Primary Registration District No. 1003

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

1. PLACE OF DEATH:

(a) County.....

(b) City or town St. Louis, Missouri  
(If outside city or town limits, write "RURAL" and name of township)

(c) Name of hospital or institution:  
Homer G. Phillips Hospital  
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution 14 days  
(Specify whether

In this community.....  
years, months or days)

3. (a) PRINT FULL NAME Taylor

3. (b) If veteran, name war.....

3. (c) Social Security No.....

4. Sex Female 5. Color or race Negro

6. (a) Single, widowed, married, divorced. 0

6. (b) Name of husband or wife.....

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

7. Birth date of deceased. September 22, 1941  
(Month) (Day) (Year)

8. AGE: Years Months Days If less than one day

14 hr. min.

9. Birthplace St. Louis, Missouri  
(City, town, or county) (State or foreign country)

10. Usual occupation.....

11. Industry or business.....

12. Name Walter Taylor

13. Birthplace Mooreville, Mississippi  
(City, town, or county) (State or foreign country)

14. Maiden name Rosa Lee Scott

15. Birthplace Mooreville, Mississippi  
(City, town, or county) (State or foreign country)

16. (a) Informant Ruth M. Laverne

(b) Address 2601 N. Whittier Street

17. (a) burial (b) Date thereof 10-29-41  
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation.....

18. (a) Signature of funeral director.....

(b) Address.....

19. (a) 29 1941 (b) J. P. Brebeck  
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County..... 000

(c) City or town St. Louis  
(If outside city or town limits, write "RURAL") 17/1

(d) Street No. 4407 Kennerly Avenue  
(If rural, give location) 9

(e) Citizen of foreign country? 0 (Yes or No)

If yes, name country.....

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month October day 6  
year 1941 hour 6 minute 45 A.M.

21. I hereby certify that I attended the deceased from September 22, 1941 to October 6, 1941  
that I last saw her alive on October 6, 1941  
and that death occurred on the date and hour stated above.

Immediate cause of death Prematurity Duration

Due to.....

Due to.....

Other conditions.....  
(Include pregnancy within 3 months of death)

Major findings:  
Of operations.....

Of autopsy As above

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) (e) Means of injury.....

23. Signature D. S. Moore 16-28-41  
Address 2601 N. Whittier St. Date signed.....

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**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.....

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.**