

Registration District No. ....

Primary Registration District No. 1003

Registrar's No. ....

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17  
9  
WRITE PLAINLY—USE UNFADING BLACK INK—MAKE A PERMANENT RECORD

1. PLACE OF DEATH:

(a) County St. Louis, Mo.  
(b) City or town St. Louis, Mo.  
(c) Name of hospital or institution: Homer Phillips Hospital  
(d) Length of stay: In hospital or institution 29 days  
In this community 20 years

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County 000  
(c) City or town St. Louis, 17  
(d) Street No. 1024 N. 21st St. 921  
(e) Citizen of foreign country? (Yes or No) 0

3. (a) PRINT FULL NAME Willie Taylor

3. (b) If veteran name war ..... 3. (c) Social Security No. ....

4. Sex FEMALE 3 5. Color or race Negro  
6. (a) Single, widowed, married, divorced MAILED  
6. (b) Name of husband or wife Willie Taylor  
6. (c) Age of husband or wife if alive years 8 - 17 1898  
7. Birth date of deceased (Month) (Day) (Year)

8. AGE: Years 43 Months 11 Days 14 If less than one day hr. min.

9. Birthplace BAIRD MISSI (City, town, or county) (State or foreign country)

10. Usual occupation House work

11. Industry or business

MOTHER FATHER { 12. Name Willie Mc. Quiston  
13. Birthplace Aberdeen MISSI (City, town, or county) (State or foreign country)  
14. Maiden name Callie Esters  
15. Birthplace Rayville LA 1 (City, town, or county) (State or foreign country)

16. (a) Informant Mary Sanders  
(b) Address 1629 Franklin Ave

17. (a) Burial (b) Date thereof 8-6-42  
(c) Place: burial or cremation Greenwood

18. (a) Signature of funeral director Mary Nash  
(b) Address 4202 Friday Ave

19. (a) AUG 5 1942 (b) J. B. Bedeck (Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month July day 31 year 1942 hour 10 minute 17 P. M.  
21. I hereby certify that I attended the deceased from July 2, 1942 to July 31, 1942; that I last saw him alive on July 31, 1942; and that death occurred on the date and hour stated above.

Immediate cause of death Cardiac Hypertrophy Arteriosclerosis

Due to 95%  
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

23. Signature S. E. Smith (M. D. or other) 2601 Whittier Date signed 8/3/42

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

