

FILED FEB 23 1943

1003

Registration District No. ....

Primary Registration District No. ....

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. 2 mos. 1 day  
In this community..... 13 years (Specify whether years, months or days)

3. (a) PRINT FULL NAME Clifford Taylor  
3. (b) If veteran, name war..... 3. (c) Social Security No.....

4. Sex Male 5. Color or race Col 6. (a) Single, widowed, married, divorced, Married  
6. (b) Name of husband or wife Lillian Taylor 6. (c) Age of husband or wife if alive. 49 years  
7. Birth date of deceased. June 7 1891  
(Month) (Day) (Year)

8. AGE: Years Months Days If less than one day  
61 7 30 hr. min.

9. Birthplace Columbus Ga  
(City, town, or county) (State or foreign country)

10. Usual occupation Waiter

11. Industry or business Hotel

MOTHER FATHER  
12. Name Edward Taylor  
13. Birthplace Ga  
(City, town, or county) (State or foreign country)  
14. Maiden name Maggle Spencer  
15. Birthplace Ga  
(City, town, or county) (State or foreign country)

16. (a) Informant Chester Taylor

(b) Address 4556 1/2 Garfield Ave

17. (a) Burial (b) Date thereof 2-12-43  
(Burial, cremation, or removal) (Month) (Day) (Year)

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

18. (a) Signature of funeral director. McDowell

(b) Address 1711 N. Taylor Ave

19. (a) FFR (b) J. P. Breneck  
(Date received local registration) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:  
(a) State Missouri (b) County.....  
(c) City or town..... St. Louis,  
(If outside city or town limits, write "RURAL")  
(d) Street No. 4556a Garfield  
(If rural, give location)  
(e) Citizen of foreign country?..... (Yes or No)  
If yes, name country.....

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month February day 6,  
year 1943 hour 3 minute 00 A. M.

21. I hereby certify that I attended the deceased from December 5,  
19 42 to February 6, 19 43

that I last saw him alive on February 6, 19 43  
and that death occurred on the date and hour stated above.

Immediate cause of death.....  
Hypertensive Heart Disease  
Ulceration left leg

Duration  
Unk.  
Unk.

Due to.....

Due to.....

Other conditions (Include pregnancy within 3 months of death)

Major findings:  
Of operations.....

Of autopsy.....

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 J. E. Smith (M. D. number).....

Address 2601 Whittier St. 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.....

*William C. McDowell*....., Registered Apprentice No.....  
working under my personal supervision.

Signed..... *William C. McDowell*.....

Licensed Embalmer No. *2154*.....

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.**