S. No. 2
M—2-43
5-17-39
I X35697

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

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

FILED MAY 3 1943

Registration District No. 318

STATE BOARD OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH

1003

Primary Registration District No.

State File No. 12862

Registrar's No. 3283

1. PLACE OF DEATH:

(a) County

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

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

(d) Length of stay: In hospital or institution 3 mos. 3 days (Specify whether years, months or days)
In this community 9 years

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County 000 17

(c) City or town St. Louis, 9 26
(If outside city or town limits, write "RURAL")

(d) Street No. 1422 Blair Ave.
(If rural, give location)

(e) Citizen of foreign country? (Yes or No)
If yes, name country 0

3. (a) PRINT FULL NAME Dorsey Taylor

3. (b) If veteran, name war

3. (c) Social Security No. 498-09-0396

4. Sex Male

5. Color or Race Negro

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

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

6. (c) Age of husband or wife if alive 29 years

7. Birth date of deceased Dec. (Month) 25 (Day) 1900 (Year)

8. AGE: Years 42 Months 3 Days 25 If less than one day hr. min.

9. Birthplace Ripley (City, town, or county) Tenn. (State or foreign country)

10. Usual occupation Tailor

11. Industry or business

FATHER
12. Name Pete Taylor
13. Birthplace Ripley (City, town, or county) Tenn. (State or foreign country)

MOTHER
14. Maiden name Lula Graham
15. Birthplace Ripley (City, town, or county) Tenn. (State or foreign country)

16. (a) Informant Pearlene Taylor
(b) Address 1422 R- Blair Ave

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 4 26 43 (Month) (Day) (Year)
(c) Place: burial or cremation Green Wood

18. (a) Signature of funeral director A. L. Richardson
(b) Address 2625 Gravois Ave

19. (a) APR 29 1943 (Date received local registrar) (b) J. F. Bredeck (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month April day 20, year 1943 hour 8 minute 50 A. M.

21. I hereby certify that I attended the deceased from January 17, 1943 to April 20, 1943; that I last saw him alive on April 20, 1943 and that death occurred on the date and hour stated above.

Immediate cause of death	Duration
Carcinoma of the stomach	Unknown
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? (Specify type of place)
While at work? (e) Means of injury

23. Signature A. Moore (M. D. or other)
Address 1601 St Louis Date signed 4/21/43

(Licensed Embalmer's Statement on Reverse Side)

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 A D Richardson

Licensed Embalmer No. 2928

P. O. Address 2625 Glasgow

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.