

STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 27121

AUG 18 1943

318

Registration District No.

Primary Registration District No. 1002

Registrar's No. 7201

1. PLACE OF DEATH:

(a) County St. Louis Missouri

(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:
2942 Pine St 1
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution
In this community abt 35 yrs (Specify whether years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County 000
17

(c) City or town St. Louis 219
(If outside city or town limits, write "RURAL")

(d) Street No. 2942 Pine
(If rural, give location)

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

3. (a) PRINT FULL NAME LEAD JAYLOR

3. (b) If veteran, name war _____

3. (c) Social Security No. unk

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Aug day 16
year 1943 hour 8 minute 25 A. M.

21. I hereby certify that I attended the deceased from _____, 19____, to _____, 19____;

4. Sex Male

5. Color or race negro

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

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

6. (c) Age of husband or wife if alive 38 years

7. Birth date of deceased unknown
(Month) (Day) (Year)

that I last saw h_____ alive on _____, 19____; and that death occurred on the date and hour stated above.

Immediate cause of death Old hemorrhage of brain with cysts, cysts of left temporal lobe, Old Fracture of right clavicle, right 8th + 6th ribs and right scapulae, from injuries received when he was struck by a street car managed by one Fred Neugebauer, September 9, 1943

Other conditions which influenced death (Include pregnancy within months of death)
Old at art. 9.30 PM, July 11, 1943

8. AGE: Years abt 50 Months _____ Days _____ If less than one day hr. _____ min. _____

Physician's findings:
Of operation 7/11/43

Of autopsy _____

Underline the cause to which death should be charged statistically.

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

10. Usual occupation Garbage Business

11. Industry or business unknown

12. Name Miss

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

14. Maiden name unknown

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

22. If death was due to external causes, fill in the following:

(a) Accident, suicide, or homicide (specify) Accident 000

(b) Date of occurrence July 14, 1943

(c) Where did injury occur? St. Louis
(City or town) (County) (State)

(d) Did injury occur in or about home, on farm, in industrial place, in public place?
Public Place

16. (a) Informant Willie Taylor

(b) Address 3977 C ramp ave

17. (a) Burial: (Burial, cremation, or removal) Greenwood Cemetery

(b) Date thereof: (Month) (Day) (Year) _____

(c) Place: burial or cremation Atkins Bros and

18. (a) Signature of funeral director 364 H Finney Ave

(b) Address 364 H Finney Ave

19. (a) AUG 10 1943 (Date received local registrar)

(b) G. J. Bradeck (Registrar's signature)

While at work? _____ (Specify type of place)

Means of injury Auto

23. Signature Thomas F. Callahan (M. D. or other) _____

Address Deputy Coroner Date signed 8-7-43

379
WRITE PLAINLY—USE UNFADING BLACK INK—MAKE A PERMANENT RECORD

1200 1 25

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.

1 to be filled