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2-43  
7-39  
X35697

FILED FEB 1 1944 **818**

**1003**

Registration District No. ....

Primary Registration District No. ....

1. PLACE OF DEATH:

(a) County.....  
(b) City or town St Louis  
(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 5 days (Specify whether  
In this community 25 years (Specify whether  
years, months or days)

3. (a) PRINT FULL NAME Monk Kaylop

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

4. Sex Male 5. Color or face C 6. (a) Single, widowed, married, divorced, Single  
6. (b) Name of husband or wife..... 6. (c) Age of husband or wife if alive 1 years  
7. Birth date of deceased July 1 1901  
(Month) (Day) (Year)

8. AGE: Years 42 Months 6 Days 19 If less than one day hr. min.

9. Birthplace Isleann Allen Miss  
(City, town, or county) (State or foreign country)

10. Usual occupation Laborer

11. Industry or business Coal - Ice Business

12. Name Philip Kaylop

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

14. Maiden name Emma

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

16. (a) Informant Emma Holmes

(b) Address 2706 Delmar Blv.

17. (a) Burial (b) Date thereof 1-22-44  
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Greenwood Cem

18. (a) Signature of funeral director A.F. Walton

(b) Address 2702 S. Grand St

19. (a) JAN 21 1944 (b) J.F. Bredish  
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County 000  
(c) City or town St Louis 17  
(If outside city or town limits, write "RURAL") 7 21  
(d) Street No. 2706 Delmar (If rural, give location)  
(e) Citizen of foreign country?..... (Yes or No)  
If yes, name country..... 0

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month January day 19  
year 1944 hour 12 minute 24 A. M.

21. I hereby certify that I attended the deceased from January 14, 1944, to January 19, 1944;  
that I last saw him alive on January 19, 1944;  
and that death occurred on the date and hour stated above.

Immediate cause of death C. N. S. Les

Duration 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?

While at work?..... (Specify type of place) (e) Means of injury.....

23. Signature S.E. Smith (M. D. optional)

Address 2601 N Whittier St Date signed 1-19-44

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

MOTHER FATHER

**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.....

.....  
working under my personal supervision.

..... Registered Apprentice No.....

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.**