

FILED JUL 31 1944

State File No.

Registration District No. 318

Primary Registration District No. 1003

Registrar's No. 6441

1. PLACE OF DEATH:

(a) County St. Louis, Mo.
 (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 G. Phillips Hospital
 (If not in hospital or institution, write street number or location)
 (d) Length of stay: In hospital or institution 20 days
 (Specify whether
 In this community 43 years
 years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County 17
 (c) City or town St. Louis, Mo.
 (If outside city or town limits, write "RURAL") 9 21
 (d) Street No. 2721 Lucas St.
 (If rural, give location)
 (e) Citizen of foreign country? 0 (Yes or No)
 If yes, name country 0

3. (a) PRINT FULL NAME Perry Taborn

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

4. Sex Male 5. Color or race Cal 6. (a) Single, widowed, married, divorced Married
 6. (b) Name of husband or wife Stella Taborn 6. (c) Age of husband or wife if alive 48 years
 7. Birth date of deceased Feb 25 1895
 (Month) (Day) (Year)

MEDICAL CERTIFICATION
 20. DATE OF DEATH: Month July day 18, year 1944 hour 12 minute 20 P. M. June

21. I hereby certify that I attended the deceased from June 28, 1944 to July 18, 1944, that I last saw him alive on July 18, 1944, and that death occurred on the date and hour stated above.

Immediate cause of death Pneumonia

Duration Terminal

8. AGE: Years 49 Months 4 Days 23 If less than one day hr. min.

Due to Hypertensive Heart Disease Unk.

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

Due to 93

10. Usual occupation Laborer

Other conditions (Include pregnancy within 3 months of death)

11. Industry or business

Major findings: Of operations

MOTHER FATHER { 12. Name Unknown
 { 13. Birthplace Unknown ? 9
 (City, town, or county) (State or foreign country)
 { 14. Maiden name Unknown ?
 { 15. Birthplace Unknown ? 9
 (City, town, or county) (State or foreign country)

Of autopsy

16. (a) Informant Stella Taborn
 (b) Address 2721 Lucas Ave

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

17. (a) Burial (b) Date thereof 7-22-44
 (Burial, cremation, or removal) (Month) (Day) (Year)

(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?

(c) Place: burial or cremation Father Dickson Cem.

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

18. (a) Signature of funeral director Ellis Funeral Home
 (b) Address 2820 Stoddard St

23. Signature Alvin Moore (M. D. or other)
 Address 2601 W. 11th Date signed 7/19/44

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

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 L. Bayne, Registered Apprentice No. 97 working under my personal supervision.

Signed

Lorraine Bayne
Licensed Embalmer No. 2946

P. O. Address St Louis 970

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.