S. No. 2
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WRITE PLAINLY—USE UNFADING BLACK INK—MAKE A PERMANENT RECORD

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

FILED OCT 6 1944

THE STATE BOARD OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH

State File No. 29880

Registration District No. 318 Primary Registration District No. 1003 Registrar's No. 8396

1. PLACE OF DEATH:

(a) County

(b) City or town Saint Louis, Missouri
(If outside city or town limits, write "RURAL" and name of township)

(c) Name of hospital or institution: Saint Mary's Infirmary
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution 9 days (Specify whether
In this community 40 years 0
years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County 000 17

(c) City or town Saint Louis 11
(If outside city or town limits, write "RURAL")

(d) Street No. 3921 Page Boulevard
(If rural, give location)

(e) Citizen of foreign country? No (Yes or No)

If yes, name country --- 0

3. (a) PRINT FULL NAME ELI H. TAYLOR

3. (b) If veteran, name war ---

3. (c) Social Security No. None

4. Sex male

5. Color or race Negro

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

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

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

7. Birth date of deceased December 15, 1878
(Month) (Day) (Year)

8. AGE:

Years	Months	Days	If less than one day
65	9	12	-- hr. -- min.

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

10. Usual occupation Attorney-at-law

11. Industry or business ---

FATHER
12. Name Moses Taylor
13. Birthplace Bolivar (City, town, or county) Tennessee (State or foreign country)

MOTHER
14. Maiden name Mary kerr
15. Birthplace Tunica, (City, town, or county) Mississippi (State or foreign country)

16. (a) Informant Mattie L. Brown Hts.

(b) Address 1620 S. Hanley Rd., Rich.

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 10/4/44 (Month) (Day) (Year)

(c) Place: burial or cremation Washington Park Cem.

18. (a) Signature of funeral director Charles J. Gates

(b) Address 4107 Finney Avenue

19. (a) OCT 2 1944 (Date received local registrar) (b) J. F. Bredeck (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month September day 28th year 1944 hour 3: minute 00A. M.

21. I hereby certify that I attended the deceased from Sept. 20, 1944 to Sept. 27, 1944 that I last saw him alive on Sept. 27, 1944 and that death occurred on the date and hour stated above.

Immediate cause of death Pulmonary Embolism — Duration 24 hrs

Due to Suprapubic cystostomy

Due to Prostatic hypertrophy

Other conditions
(Include pregnancy within 3 months of death)

Major findings: Of operations Prostatic hypertrophy

Of autopsy Pulmonary Embolism

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 0

23. Signature [signature] (M. D. ~~or other~~)

Address 818 Olive Street Date signed 10/2/44

(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

Thomas J. Gates, Registered Apprentice No.

working under my personal supervision.

Signed

Licensed Embalmer No. 4259

P. O. Address 4107 Finney Avenue

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.