S. No. 2
M—8-43
v. 5-17-39
I X37823

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

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

THE STATE BOARD OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH

State File No. 22644

FILED AUG 13 1945

Registration District No. ..... Primary Registration District No. 1003 Registrar's No. 6823

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:
Children's Hospital 0
(If not in hospital or institution, write street number or location)

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

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County 000

(c) City or town St. Louis 17 23
(If outside city or town limits, write "RURAL")

(d) Street No. 1902 S. 7" Street 9
(If rural, give location)

(e) Citizen of foreign country? 0 (Yes or No)

If yes, name country .....

3. (a) PRINT FULL NAME Taylor, James Weldon, Jr.

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

3. (c) Social Security No. .....

4. Sex Male 0

5. Color or race White

6. (a) Single, widowed, married, divorced 0

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

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

7. Birth date of deceased 2 — 9 — 43
(Month) (Day) (Year)

8. AGE:

Years	Months	Days	If less than one day
2	5	22	..... hr. ..... min.

9. Birthplace St. Louis (City, town, or county) Missouri 0 (State or foreign country)

10. Usual occupation .....

11. Industry or business .....

FATHER
12. Name James W. Taylor, Sr.
13. Birthplace Paris (City, town, or county) Tennessee 1 (State or foreign country)

MOTHER
14. Maiden name Dorothy M. Scoggins
15. Birthplace St. Louis (City, town, or county) Missouri 0 (State or foreign country)

16. (a) Informant James W. Taylor, Sr.
(b) Address 1902 S. 7" Street

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 8-4-1945 (Month) (Day) (Year)
(c) Place: burial or cremation SS Peter & Paul Cemetery

18. (a) Signature of funeral director Truth Center Mortuary
(b) Address 4024 Lindell Blvd.

19. (a) AUG 3 1945 (Date received local registrar) (b) J. F. Bredeck (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month August day first
year 1945 hour 4 - minute P M.

21. I hereby certify that I attended the deceased from 8-1-45
....., 19..., to 8-1-45, 19...;
that I last saw him alive on 8-1-45, 19...;
and that death occurred on the date and hour stated above.

Immediate cause of death
Diarrhea
Microcephaly
Due to .....
Due to .....
Other conditions Mental Retardation
(Include pregnancy within 3 months of death)

Duration

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 Gilbert B. Forbes (M. D. or other)
Address St. Children's Hospital Date signed 8-1-45

(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 John Kellerd

Licensed Embalmer No. 3880

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.