S. No. 2
DM—2-43
v. 5-17-39
1 X35697

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

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

FILED DEC 1 1945

STATE BOARD OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH

State File No. 38637

Registration District No. 377 Primary Registration District No. 6676 Registrar's No. 2698

1. PLACE OF DEATH:

(a) County St. Louis

(b) City or town Jefferson Barracks
(If outside city or town limits, write "RURAL" and name of township)

(c) Name of hospital or institution:
Veterans Administration Hospital 0
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution 36 days (Specify whether years, months or days)
In this community See above

2. USUAL RESIDENCE OF DECEASED:

(a) State Illinois (b) County St. Clair 999

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

(d) Street No. 1216½ Colas C
(If rural, give location)

(e) Citizen of foreign country? No. (Yes or No) 2
If yes, name country

3. (a) PRINT FULL NAME TRAYLOR, Willie

3. (b) If veteran, name war World 1

3. (c) Social Security No. Unknown

4. Sex Male 2

5. Color or race Negro

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

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

6. (c) Age of husband or wife if alive 46 years

7. Birth date of deceased March (Month) 8 (Day) 1892 (Year)

8. AGE: Years 53 Months 8 Days 15 If less than one day ___ hr. ___ min.

9. Birthplace Merouge, (City, town, or county) Louisiana / (State or foreign country)

10. Usual occupation Laborer

11. Industry or business --

MOTHER FATHER

12. Name Nathan Traylor

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

14. Maiden name Alva Miller

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

16. (a) Informant Clinical Clerk. Vet. Adm. Hosp.,

(b) Address Jefferson Barracks, Mo.

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof Nov. 28, '45 (Month) (Day) (Year)

(c) Place: burial or cremation National Cemetery

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

(b) Address 4107 Finney Ave.

19. (a) 11-27-45 (Date received local registrar) (b) [illegible] (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month November day 23 year 1945 hour 5:30 minute A. M.

21. I hereby certify that I attended the deceased from October 18, 1945 to November 23, 1945; that I last saw him alive on November 23, 1945; and that death occurred on the date and hour stated above.

	Duration
Immediate cause of death HYPERTENSIVE CORONARY ARTERIOSCLEROTIC HEART DISEASE WITH CORONARY OCCLUSION.	Unknown
Due to --	
Due to --	
Other conditions -- (Include pregnancy within 3 months of death)	
Major findings: Of operations No operation	
Of autopsy No 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) No

(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 E. V. Edwards (M. D. or other) Lt. Col., M.C., Clinical Director.

Address Vet. Adm. Hosp., Jeff. Brks, Mo Date signed 11/23/45

767 (Licensed Embalmer's Statement on Reverse Side)

JAN 10 1945

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 Thomas Gates

Licensed Embalmer No. 4259

P. O. Address 4107 Finney Ave.

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.