

FILED DEC 21 1945

STANDARD CERTIFICATE OF DEATH

State File No. **39856**

10706

Registration District No. **318**

Primary Registration District No. **1003**

Registrar's No. _____

1. PLACE OF DEATH:

(a) County St. Louis
(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 4 days
(Specify whether years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County 000
(c) City or town St. Louis 171
(If outside city or town limits, write "RURAL")
(d) Street No. 2131 a Division
(If rural, give location)
(e) Citizen of foreign country? ✓ (Yes or No)
If yes, name country _____

3. (a) PRINT FULL NAME Aretha Taylor

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

4. Sex Female 5. Color or race Col. 6. (a) Single, widowed, married, divorced Infant

6. (b) Name of husband or wife _____ 6. (c) Age of husband or wife if alive _____

7. Birth date of deceased October 6 1944
(Month) (Day) (Year)

8. AGE: Years 1 Months 2 Days 1 If less than one day hr. _____ min. _____

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

10. Usual occupation Infant

11. Industry or business _____

MOTHER FATHER { 12. Name Harry Taylor
13. Birthplace Paducah, Kentucky
(City, town, or county) (State or foreign country)
14. Maiden name Louise Coney
15. Birthplace St. Louis Mo.
(City, town, or county) (State or foreign country)

16. (a) Informant Louise Taylor
(b) Address 2820 Stoddard St.

17. (a) Burial (b) Date thereof 12/10/45
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Greenwood cem. Ellis Fun. Home

18. (a) Signature of funeral director 2820 Stoddard St.
(b) Address _____

19. (a) DEC 10 1945 (b) J. F. Bredesch
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Dec. day 7
year 1945 hour 6 minute 15 A. M.

21. I hereby certify that I attended the deceased from 12-3, 1945, to 12-7, 1945, that I last saw her alive on 12-7-, 1945, and that death occurred on the date and hour stated above.

Immediate cause of death Congenital Brain Injury Duration Unk

Due to 107

Due to _____

Other conditions Bronchopneumonia
(Include pregnancy within 3 months of death)

Major findings: Of operations _____

Of autopsy No

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 glass)
_____ (If means of injury)

23. Signature Chas. T. Atkinson (M. D. or other) _____
Address 2601 N Whittier St Date signed 12/8

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. Boykin

....., Registered Apprentice No. M

working under my personal supervision.

Signed Lommie Boykin

Licensed Embalmer No. 2946

P. O. Address St Louis Mo.

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.