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

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS
FILED MAY 22 1947

318

STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

19187
State File No. 4813
Registrar's No.

Registration District No. Primary Registration District No. 1003

1. PLACE OF DEATH:
(a) County St. Louis, Mo.
(b) City or town St. Louis
(c) Name of hospital or institution: Infirmiry Hospital
(d) Length of stay: In hospital or institution 10/5/45 To 5/10/47
In this community years, months or days

3. (a) PRINT FULL NAME TELL NAYLOR
3. (b) If veteran, name war. 3. (c) Social Security No.
4. Sex Male 2 5. Color or race Col
6. (a) Single, widowed, married, divorced Widower
6. (b) Name of husband or wife. 6. (c) Age of husband or wife if alive years
7. Birth date of deceased Aug 10 1893
(Month) (Day) (Year)

8. AGE: Years 53; Months 9; Days 0
If less than one day hr. min.

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

10. Usual occupation Nil

11. Industry or business

MOTHER FATHER
12. Name Rich Naylor
13. Birthplace Oakdale, Miss (City, town or county) (State or foreign country)
14. Maiden name Ida
15. Birthplace Oakdale, Miss (City, town or county) (State or foreign country)

16. (a) Informant J. F. Beckek
(b) Address 2724 Stoddards St

17. (a) burial (b) Date thereof 5-13-1947
(c) Place: burial or cremation Washington Park

18. (a) Signature of funeral director J. H. Randle & Son
(b) Address 3133 Bell Ave

19. (a) MAY 13 1947 (b) J. F. Beckek
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:
(a) State MISSOURI (b) County 600
(c) City or town St. Louis
(d) Street No. 2724 Stoddard St. 17
(e) Citizen of foreign country? (Yes or No) 3
If yes, name country

MEDICAL CERTIFICATION
20. DATE OF DEATH: Month May day 10
year 1947 hour 3 minute 45 P.M.
21. I hereby certify that I attended the deceased from Oct. 21 5 1945 to May 10 1947
that I last saw him alive on May 10 1947
and that death occurred on the date and hour stated above.

Immediate cause of death
Heart disease chronic 95c
Due to Saphelie's Circulatory System 30 l.
Other conditions. 2
(Include pregnancy within 3 months of death)

Major findings: 30
Of operations.
Of autopsy.

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 place) (e) Means of injury.

23. Signature M. D. Shorney (M. D. or other) 0
Address 560 Arsenal Date signed 5-12-47

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

S. J. Watson

Licensed Embalmer No. *2698*

P. O. Address. *2769 Chouteau*

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.