No. 2
—1/47
5-17-39

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

FEDERAL SECURITY AGENCY
National Office of Vital Statistics

FILED NOV 3 1947

MISSOURI DIVISION OF HEALTH
STANDARD CERTIFICATE OF DEATH

State File No. 33687

Registration District No. 318 — Primary Registration District No. 1003 — Registrar's No. 9671

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: Peoples Hospital (If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution (Specify whether years, months or days)
In this community

2. USUAL RESIDENCE OF DECEASED:
(a) State: Mo. (b) County
(c) City or town: St. Louis (If outside city or town limits, write "RURAL")
(d) Street No.: 2110 Carr St. (If rural, give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country

3. (a) PRINT FULL NAME: Lizzie Edwards
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: Widow
6. (b) Name of husband or wife
6. (c) Age of husband or wife if alive years
7. Birth date of deceased: August (Month) 5 (Day) 1880 (Year)

8. AGE: Years 67 | Months 2 | Days 10 | If less than one day hr. min.

9. Birthplace: Tallocha Co. (City, town, or county) Miss. (State or foreign country)
10. Usual occupation: Domestic
11. Industry or business

FATHER
12. Name: Jack Taylor
13. Birthplace: (City, town, or county) S.C. (State or foreign country)

MOTHER
14. Maiden name: Clara Taylor
15. Birthplace: (City, town, or county) S.C. (State or foreign country)

16. (a) Informant: Pearl Roach
(b) Address: 2110 Carr St.
17. (a) Burial (Burial, cremation, or removal) (b) Date thereof: 10/20/47 (Month) (Day) (Year)
(c) Place: burial or cremation: Greenwood Cem.
18. (a) Signature of funeral director: Ellis Funeral Home
(b) Address: 2820 Stoddard St.
19. (a) OCT 18 1947 (Date received local registrar) (b) J. F. Brodeck (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month October day 15 year 1947 hour minute 28 M.
21. I hereby certify that I attended the deceased from Oct 13 1947 to Oct 15 1947 that I last saw him alive on Oct 15 1947 and that death occurred on the date and hour stated above.

Immediate cause of death: Hypertensive Cardiovascular Renal Disease — Duration 2 yrs
Due to
Due to
Other conditions (Include pregnancy within 3 months of death)
Major findings: Of operations: no
Of autopsy: no

PHYSICIAN — Underline the cause of 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 (M. D. or other)
Address Date signed

Jefferson City Printing Co.
(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 Fulton E. Culkin

Licensed Embalmer No. 4198

P. O. Address St. Louis, 13, 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.