FEDERAL SECURITY AGENCY
National Office of Vital Statistics
FILED MAY 26 1948

MISSOURI DIVISION OF HEALTH
STANDARD CERTIFICATE OF DEATH

State File No. 18077
4545

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

1. PLACE OF DEATH:

(a) County
(b) City or town St. Louis Mo.
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution 4049 Finney Av.
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution — (Specify whether
In this community 10 yrs.
years, months or days)

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. 4049 Finney Ave.
(If rural, give location)
(e) Citizen of foreign country? no (Yes or No)
If yes, name country —

600
17
9
0

3. (a) PRINT FULL NAME Frederic M. Taylor

3. (b) If veteran, name war —

3. (c) Social Security No.

4. Sex Female 3

5. Color or race Negro

6. (a) Single, widowed, married, divorced 2 widow

6. (b) Name of husband or wife —

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

7. Birth date of deceased May (Month) 25 (Day) 1905 (Year)

8. AGE: Years 42 Months 11 Days 18 If less than one day hr. min.

9. Birthplace Dallas Texas (City, town, or county) (State or foreign country) 1

10. Usual occupation Cook

11. Industry or business —

FATHER
12. Name unknown 9
13. Birthplace unknown (City, town, or county) (State or foreign country) 1

MOTHER
14. Maiden name unknown
15. Birthplace unknown (City, town, or county) (State or foreign country) 9

16. (a) Informant Henry Sykes
(b) Address 4049 Finney Ave.

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 5 17 48 (Month) (Day) (Year)
(c) Place: burial or cremation St. Peters Cem.

18. (a) Signature of funeral director Manuel
(b) Address 4059 Finney Ave.

19. (a) MAY 15 1948 (Date received local registrar) (b) J. F. Bradeck (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month 13 day May
year 1948 hour 1145 minutes P.M.

21. I hereby certify that I attended the deceased from 5/11/48, 19..., to 5/12/48, 19...; that I last saw her alive on 5/12/48, 19...; and that death occurred on the date and hour stated above.

Immediate cause of death Valvular Heart Disease

Due to

Due to

Other conditions 92
(Include pregnancy within 3 months of death)

Major findings:
Of operations

Of autopsy

Duration

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 W C Phillips (M. D. or other)
Address 941 N Sarah Date signed

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

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.....W. Claude Gordon.....

Licensed Embalmer No.....3489.....

P. O. Address.....4575 Aldine

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply wi the above constitutes grounds for revocation of license.)

If this body is not embalmed, fact should be so stated above.