FEDERAL SECURITY AGENCY
National Office of Vital Statistics
FILED AUG 6 1948

MISSOURI DIVISION OF HEALTH
STANDARD CERTIFICATE OF DEATH

24781

State File No.

Registration District No. 318 Primary Registration District No. 1003 Registrar's No. 6547

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: 4340 Ashland Ave (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 Missouri (b) County 17

(c) City or town St. Louis (If outside city or town limits, write "RURAL") 9

(d) Street No. 4340 Ashland (If rural, give location) 0

(e) Citizen of foreign country? 10 (Yes or No)

If yes, name country

3. (a) PRINT FULL NAME Maggie Taylor

3. (b) If veteran, name war

(c) Social Security No. None

4. Sex Female 3

5. Color or race Negro 2

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 Sept (Month) 21 (Day) 1890 (Year)

8. AGE: ✓ Years 57 Months 10 Days 1 If less than one day hr. min.

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

10. Usual occupation Domestic

11. Industry or business

FATHER
12. Name Owen Pettis
13. Birthplace Miss (City, town, or county) (State or foreign country)

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

16. (a) Informant Lillian Anderson
(b) Address 4340 Ashland

17. (a) Shipping (Burial, cremation, or removal) (b) Date thereof 7-26-48 (Month) (Day) (Year)
(c) Place: burial or cremation Greenwood Miss

18. (a) Signature of funeral director Atkins Bros
(b) Address 3644 Finney ave

19. (a) 7-25-48 (Date received local registrar) (b) J. F. Bredeck (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month July day 22nd year 1948 hour 11 42 minute P. M.

21. I hereby certify that I attended the deceased from ..., 19..., to ..., 19...; that I last saw h... alive on ..., 19...; and that death occurred on the date and hour stated above.

	Duration
Immediate cause of death: Coronary Occlusion (Sclerosis)	
Due to	
Due to	
Other conditions (Include pregnancy within 3 months of death) 94	
Major findings: Of operations	
Of autopsy	

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 3

23. Signature Alfred Gerry (M. D. or other)

Address Leyton Date signed 7/24/48

Jefferson City Printing Co. (Licensed Embalmer's Statement on Reverse Side)

4 3 2 2

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.....Louis V. Atkins

Licensed Embalmer No.....B 284

P. O. Address.....3644 Finne

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

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