

10-300
17-39
3905

Registration District No. 318 Primary Registration District No. 100

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:
Homer G. Phillips Hospital
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution 33 days
(Specify whether
In this community 19 years
years, months or days)

3. (a) PRINT FULL NAME Isaac Henry Taylor
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 Single
6. (b) Name of husband or wife
6. (c) Age of husband or wife if alive _____ years
7. Birth date of deceased 7 25 1905
(Month) (Day) (Year)

8. AGE: Years Months Days If less than one day
43 1 15 hr. min.

9. Birthplace Unknown Tenn. 1
(City, town, or county) (State or foreign country)

10. Usual occupation Laborer

11. Industry or business

MOTHER FATHER

12. Name Unknown 9

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

14. Maiden name Unknown

15. Birthplace Unknown 7
(City, town, or county) (State or foreign country)

16. (a) Informant Mable E. Penny
(b) Address 4347 Delmar Blvd.

17. (a) Burial (b) Date thereof 9-16-48
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Washington Park

18. (a) Signature of funeral director Ellis Funeral Home
(b) Address 2820 Stoddard St.

19. (a) SEP 13 1948 (b) J. J. Briscoe
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:
(a) State Missouri (b) County over 17
(c) City or town St. Louis 9
(If outside city or town limits, write "RURAL")
(d) Street No. 3705 Windsor
(If rural, give location)
(e) Citizen of foreign country? _____ (Yes or No)
If yes, name country _____

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Sept. day 10
year 1948 hour 7 minute p M.

21. I hereby certify that I attended the deceased from 8-13- 19 48 to 9-10 19 48
that I last saw him alive on 9-10- 19 48
and that death occurred on the date and hour stated above.

Immediate cause of death Cerebral Vascular Accident (right hemiplegia)
Essential Hypertension

Duration

Undet.

Due to _____

Due to 30 _____

Other conditions General Paresis Undet
(Include pregnancy within 3 months of death)

PHYSICIAN

Major findings:
Of operations _____

Of autopsy None
Underline the cause to 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? _____

While at work? _____ (Specify type of place)
(e) Means of injury _____

23. Signature Isaac H. Daniels (M. D. or other)
Address 2601 N Whittier Date signed 9/11/48

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.....

....., 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.