No. 300
—10-47
5-17-39
I 3906

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

FEDERAL SECURITY AGENCY
National Office of Vital Statistics
FILED NOV 12 1948

MISSOURI DIVISION OF HEALTH
STANDARD CERTIFICATE OF DEATH

State File No. 34756
Registrar's No. 34756

Registration District No. 318
Primary Registration District No. 1003

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 4 days (Specify whether years, months or days)
In this community 9 years

2. USUAL RESIDENCE OF DEACEASED:

(a) State Missouri (b) County 000 17
(c) City or town St. Louis 9
(If outside city or town limits, write "RURAL") 0
(d) Street No. 2811 Franklin
(If rural, give location)
21
(e) Citizen of foreign country? (Yes or No)
If yes, name country

3. (a) PRINT FULL NAME Matthew Taylor

3. (b) If veteran, name war

3. (c) Social Security No.

4. Sex Male 1

5. Color or race Col

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

6. (b) Name of husband or wife

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

7. Birth date of deceased 2 (Month) 28 (Day) 1900 (Year)

8. AGE: Years 48 Months 8 Days 0 If less than one day hr. min.

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

10. Usual occupation Laborer

11. Industry or business unemployed

FATHER
12. Name Andrew Taylor
13. Birthplace ? (City, town, or county) Mississippi (State or foreign country)

MOTHER
14. Maiden name Lizzie Holloway
15. Birthplace ? (City, town, or county) Mississippi (State or foreign country)

16. (a) Informant Vera Metcalf
(b) Address 2700 Lawton Blvd.

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 10-30-48 (Month) (Day) (Year)
(c) Place: burial or cremation Greenwood

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

19. (a) OCT 29 1948 (Date received local registrar) (b) J. B. Lasater (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Oct. day 28 year 1948 hour 4 minute 52 a M.

21. I hereby certify that I attended the deceased from 10-24, 19 48 to 10-28, 19 48 that I last saw him alive on Oct. 28, 19 48 and that death occurred on the date and hour stated above.

Immediate cause of death	Duration
Cystic Disease of Lungs	Undet.
Due to	
Due to	
Other conditions Cor Pulmonale (Include pregnancy within 3 months of death)	

95

Major findings:
Of operations
Of autopsy None

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

23. Signature Oscar L Daniels (M. D. or other)
Address 2601 N Whittier Date signed 10/28/48

(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.