

FILED MAY 12 1954

STANDARD CERTIFICATE OF DEATH

State File No. **14168**
 Registrar's No. **4081**

BIRTH NO. _____ REG. DIST. NO. **318** PRIMARY REG. DIST. NO. **1003**

1. PLACE OF DEATH
 a. COUNTY _____
 2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)
 a. STATE **Missouri** b. COUNTY _____

b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN **St. Louis** c. LENGTH OF STAY (in this place) _____
 c. CITY OR TOWN **St. Louis** d. Is Residence within limits of a city or incorporated town? Yes No

d. FULL NAME OF (If not in hospital or institution, give street address or location) HOSPITAL OR INSTITUTION **Homer G. Phillips Hospital**
 e. STREET ADDRESS (If rural, give location) **2727 A. Glasgow Avenue** 2209

3. NAME OF DECEASED a. (First) **Floyd** b. (Middle) _____ c. (Last) **Taylor** 4. DATE OF DEATH (Month) (Day) (Year) **5 1 54**

5. SEX **Male** 6. COLOR OR RACE **Colored** 7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) **Married** 8. DATE OF BIRTH **July 1, 1914** 9. AGE (In years last birthday) **39** 10. MONTHS **10** 11. DAYS **0** 12. HOURS **0** 13. MIN. _____

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) **Laborer** 10b. KIND OF BUSINESS OR INDUSTRY _____ 11. BIRTHPLACE (City and State or Foreign Country) **Strong, Arkansas** 12. CITIZEN OF WHAT COUNTRY? **USA**

13a. FATHER'S NAME **Dock Taylor** 13b. MOTHER'S MAIDEN NAME **Ossie ? Taylor** 14. NAME OF HUSBAND OR WIFE **Ellen Taylor**

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) **No** 16. SOCIAL SECURITY NO. **498-01-0980** 17. INFORMANT'S SIGNATURE OR NAME **Ellen Taylor** ADDRESS **2727 A. Glasgow**

18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c)
 I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) **Complications of gunshot wound of the abdomen, suffered when shot with gun, cal. .38 Smith & Wesson, in the hands of one Ellen Taylor (col) during the life of deceased.**
 ANTECEDENT CAUSES **Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.**
 II. OTHER SIGNIFICANT CONDITIONS **Operation in home at 2727 A. Glasgow about 10:29 pm.**

19a. DATE OF OPERATION _____ 19b. MAJOR FINDINGS OF OPERATION **April 24, 1954 Justifiable Homicide** 20. AUTOPSY? YES NO

21a. ACCIDENT OR HOMICIDE **Homicide** 21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) **Home** 21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE) **St. Louis Mo**

21d. TIME OF INJURY (Month) (Day) (Year) (Hour) **Apr 24 54 10:29** 21e. INJURY OCCURRED WHILE AT WORK NOT WHILE AT WORK 21f. HOW DID INJURY OCCUR? **E981X**

22. I hereby certify that I attended the deceased from _____, 19____, to _____, 19____, that I last saw the deceased alive on _____, 19____, and that death occurred at **12:51 p.m.**, from the causes and on the date stated above.

23a. SIGNATURE **Patrick E Taylor Carver** (Degree or title) _____ 23b. ADDRESS **1500 Clark** 23c. DATE SIGNED **5.5.54**

24a. BURIAL, CREMATION, REMOVAL (Specify) **Removal** 24b. DATE **5-8-1954** 24c. NAME OF CEMETERY OR CREMATORY **Washington Park** 24d. LOCATION (City, town, or county) (State) **St. Louis County, Missouri**

DATE REC'D BY LOCAL REG. **MAY 5 1954** REGISTRAR'S SIGNATURE **J. Carl Smith MD** 25. FUNERAL DIRECTOR'S SIGNATURE **Ellis Funeral Home, Inc.** ADDRESS **2820 Stoddard St.**

(Licensed Embalmer's Statement on Reverse Side)

WRITE PLAINLY—USING 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, Student Embalmer No..... working under my personal supervision..

Student.....
Signature of Student Embalmer

Signed *James C. Carter*.....

Licensed Embalmer No. *146*.....

P. O. Address *St. Louis*.....

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 embalmed by a STUDENT, he also shall sign in his OWN handwriting.

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