

**MISSOURI STATE BOARD OF HEALTH
BUREAU OF VITAL STATISTICS
CERTIFICATE OF DEATH**

Do not use this space.

22974

1. PLACE OF DEATH

County..... Registration District No. 791
 Township..... Primary Registration District No. 1003
 City St. Louis (No. St. Johns Hospital)
 Registered No. 6652St.Ward)

2. FULL NAME

Julius Leases Taylor
 (a) Residence. No. 1537 SmileyWard.
 (Usual place of abode) (If nonresident give city or town and State)

Length of residence in city or town where death occurred yrs. mos. da. How long in U.S., if of foreign birth? yrs. mos. da.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX <u>Male</u>	4. COLOR OR RACE <u>White</u>	5. SINGLE, MARRIED, WIDOWED OR DIVORCED (write the word) <u>Married</u>		
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF <u>Anna Taylor</u>				
6. DATE OF BIRTH (MONTH, DAY AND YEAR) <u>Nov. 2 1890</u>				
7. AGE	YEARS	MONTHS	DAYS	IF LESS than 1 day,hra. ormin.
	<u>36</u>	<u>8</u>	<u>17</u>	
8. OCCUPATION OF DECEASED (a) Trade, profession, or particular kind of work <u>Sec. Fidelity Finance Corp</u> (b) General nature of industry, business, or establishment in which employed (or employer) (c) Name of employer				
9. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>Texas</u>				
PARENTS	10. NAME OF FATHER <u>John R Taylor</u>			
	11. BIRTHPLACE OF FATHER (CITY OR TOWN) (STATE OR COUNTRY) <u>Penn.</u>			
	12. MAIDEN NAME OF MOTHER <u>Lincy Stammer</u>			
13. BIRTHPLACE OF MOTHER (CITY OR TOWN) (STATE OR COUNTRY) <u>Penn.</u>				
14. INFORMANT <u>Anna Taylor</u> (Address) <u>6537 Smiley ave</u>				
15. FILED <u>JUL 21 1927</u> <u>Max B Starckoff</u> REGISTRAR				

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR) July 19 1927

17. I HEREBY CERTIFY, That I attended deceased from 7/19/27 to 7/19/27, 19....., and that I last saw him alive on....., 19....., and that death occurred, on the date stated above, at..... 3:00 P. m.

THE CAUSE OF DEATH* WAS AS FOLLOWS:
1110 Duodenal ulcer. Perforated.
 (duration)yrs.mos. 1 da.

CONTRIBUTORY (SECONDARY) Peritonitis
 (duration)yrs.mos. 1 da.

18. WHERE WAS DISEASE CONTRACTED Home
 IF NOT AT PLACE OF DEATH? Home

DID AN OPERATION PRECEDE DEATH? yes DATE OF same

WAS THERE AN AUTOPSY? yes

WHAT TEST CONFIRMED DIAGNOSIS?
 (Signed) T. Falk M. D.
7/25/27 (Address) Beaumont Wly

*State the DISEASE CAUSING DEATH, or in deaths from VIOLENT CAUSES, state (1) MEANS AND NATURE OF INJURY, and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

19. PLACE OF BURIAL, CREMATION, OR REMOVAL St. Peter & Paul DATE OF BURIAL 7-22 1927

20. UNDERTAKER Wm Schumacher ADDRESS 3013 Keramec

WRITE PLAINLY, WITH UNFADING INK---THIS IS A PERMANENT RECORD U G IIII
 N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important.

O. P. J. Falk

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