JUL 27 19[illegible]

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.

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

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

Do not use this space.

21788

1. PLACE OF DEATH
County St. Louis
Township CARONDELET
City (No. ST. MARY'S HOSP. SANATORIUM) St. ... Ward)

Registration District No. 1123
Primary Registration District No. 6248 E

File No. ...
Registered No. 198

2. FULL NAME Helen Taylor
(a) Residence. No. 3546 Gravois Av. St., ... Ward. (Usual place of abode) (If nonresident give city or town and State)
Length of residence in city or town where death occurred ... yrs. ... mos. ... ds. How long in U.S., if of foreign birth? ... yrs. ... mos. ... ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: Female
4. COLOR OR RACE: White
5. SINGLE, MARRIED, WIDOWED OR DIVORCED (write the word): Single

5a. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF ...

6. DATE OF BIRTH (MONTH, DAY AND YEAR) 3/12/1899

7. AGE: Years 29; Months 3; Days 4; If LESS than 1 day, ... hrs. or ... min.

8. OCCUPATION OF DECEASED
(a) Trade, profession, or particular kind of work Stenographer
(b) General nature of industry, business, or establishment in which employed (or employer) ...
(c) Name of employer ...

9. BIRTHPLACE (CITY OR TOWN) St. Louis
(STATE OR COUNTRY) Mo.

PARENTS

10. NAME OF FATHER Dr. Wm. B. Taylor
11. BIRTHPLACE OF FATHER (CITY OR TOWN) ...
(STATE OR COUNTRY) Missouri
12. MAIDEN NAME OF MOTHER Marietta Simpson
13. BIRTHPLACE OF MOTHER (CITY OR TOWN) ...
(STATE OR COUNTRY) Missouri

14. INFORMANT Hospital Records
(Address) ST. MARY'S HOSP. SANATORIUM

15. FILED June 18, 1928 L. C. Obrock M.D. REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR) June 16 1928

17. I HEREBY CERTIFY, That I attended deceased from 4-25, 1928, to June 16, 1928
that I last saw her alive on June 16, 1928, and that death occurred, on the date stated above, at 6:20 p.m.

THE CAUSE OF DEATH* WAS AS FOLLOWS:

23B

[illegible]

(duration) not known to me yrs. ... mos. ... ds.

CONTRIBUTORY (SECONDARY) TUBERCULOUS LARYNGITIS

(duration) not known to me yrs. ... mos. ... ds.

31 0

18. WHERE WAS DISEASE CONTRACTED IF NOT AT PLACE OF DEATH? not known to me
DID AN OPERATION PRECEDE DEATH? no DATE OF ...
WAS THERE AN AUTOPSY? no
WHAT TEST CONFIRMED DIAGNOSIS? Sputum.

(Signed) [illegible] M.D.
6/17, 1928 (Address) 3515 S. Grand Bl. [illegible]

*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: Valhalla Cem.
DATE OF BURIAL: June 19 1928

20. UNDERTAKER: Wacker-Heldeke
ADDRESS: 2331 No. Bdwy