

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

Do not use this space.

42891
12687

1. PLACE OF DEATH

County..... Registration District No. 791
 Township..... Primary Registration District No. 1003
 City St Louis Mo. (No. 19 S Compton Ave) St. Ward (If nonresident, give city or town and State)

2. FULL NAME

(a) Residence. No. 19 S Compton St. Ward. 18
 (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 male 4. COLOR OR RACE col 5. SINGLE, MARRIED, WIDOWED OR DIVORCED (write the word) widowed

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

6. DATE OF BIRTH (MONTH, DAY AND YEAR) 4. 15. 1850

7. AGE YEARS MONTHS DAYS IF LESS than 1 day, hrs. or min.
79 7 10

8. OCCUPATION OF DECEASED

(a) Trade, profession, or particular kind of work. Common Labor.
 (b) General nature of industry, business, or establishment in which employed (or employer) jobbing
 (c) Name of employer

9. BIRTHPLACE (CITY OR TOWN) Centaur Mo.
 (STATE OR COUNTRY)

10. NAME OF FATHER David Taylor

11. BIRTHPLACE OF FATHER (CITY OR TOWN) Centaur Mo.
 (STATE OR COUNTRY)

12. MAIDEN NAME OF MOTHER Wendy

13. BIRTHPLACE OF MOTHER (CITY OR TOWN) Centaur Mo.
 (STATE OR COUNTRY)

14. INFORMANT Martha Taylor
 (Address) 19 S Compton

15. FILED DEC 29 1929 W. C. Fisher REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR) Dec 20 1929

17. I HEREBY CERTIFY, That I attended deceased from Nov 13 1929, to Dec 20 1929 that I last saw him alive on Dec 20 1929, and that death occurred, on the date stated above, at 7 P m.

THE CAUSE OF DEATH* WAS AS FOLLOWS:

Carcinoma of
stomach
 (duration) yrs. 3 mos. ds.
 CONTRIBUTORY (SECONDARY) Carcinoma of urethra
 (duration) yrs. 2 mos. ds.

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

DID AN OPERATION PRECEDE DEATH? DATE OF

WAS THERE AN AUTOPSY? no
 WHAT TEST CONFIRMED DIAGNOSIS Chemical

(Signed) Lucretia J. Mueller, M. D.
11. 20. 29 (Address) 2335 Franklin

*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 Father Dickerson DATE OF BURIAL Dec 28 1929

20. UNDERTAKER Reliable Funeral Home ADDRESS 2702

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.

