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

Do not use this space.

41237

1. PLACE OF DEATH

County..... Registration District No. 791

Township..... Primary Registration District No. 1003

City St. Louis (No. Forest Park Hotel St. ..... Ward)

File No.....

Registered No. 11906

2. FULL NAME Hubert P. Taussig

(a) Residence. No. Forest Park Hotel St., 12 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	4. COLOR OR RACE	5. SINGLE, MARRIED, WIDOWED OR DIVORCED (write the word)
Male	White	Married

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

6. DATE OF BIRTH (MONTH, DAY AND YEAR) March 8, 1854

7. AGE	YEARS	MONTHS	DAYS	If LESS than 1 day, ...hrs. or ....min.
	76	9	13	

8. OCCUPATION OF DECEASED

(a) Trade, profession, or particular kind of work Engineer (Civil)

(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)

PARENTS

10. NAME OF FATHER Charles Taussig

11. BIRTHPLACE OF FATHER (CITY OR TOWN) Prague
(STATE OR COUNTRY) Bohemia

12. MAIDEN NAME OF MOTHER Anna Ables

13. BIRTHPLACE OF MOTHER (CITY OR TOWN) Prague
(STATE OR COUNTRY) Bohemia

14. INFORMANT J. C. Taussig
(Address) 20 N. Kingshighway

15. FILED DEC 22 1930 Mary C. Starkey REGISTRAR

MEDICAL CERTIFICATE OF DEATH

2

16. DATE OF DEATH (MONTH, DAY AND YEAR) Dec 21 1930

17. I HEREBY CERTIFY, That I attended deceased from Dec 1, 1930, to Dec 21, 1930 that I last saw him alive on Dec. 21, 1930, and that death occurred, on the date stated above, at 8 a.m.

THE CAUSE OF DEATH* WAS AS FOLLOWS:

Bronchopneumonia
107A
156B

(duration) ....yrs. ....mos. 1 ds.

CONTRIBUTORY (SECONDARY) Immunity

(duration) ....yrs. 1 mos. ....ds.

18. WHERE WAS DISEASE CONTRACTED

IF NOT AT PLACE OF DEATH

DID AN OPERATION PRECEDE DEATH? no DATE OF

WAS THERE AN AUTOPSY? no

WHAT TEST CONFIRMED DIAGNOSIS?

(Signed) Albert E. Taussig, M. D.

Dec 21, 1930 (Address) 8720 Washington

*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	DATE OF BURIAL
Bellefontaine	Dec 22 1930
20. UNDERTAKER	ADDRESS
Wagoner U. Co	3621 Olive

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.