

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

Do not use this space.

26260

1. PLACE OF DEATH

County.....

Registration District No. **791**

Township.....

Primary Registration District No. **1003**

City **ST. Louis, Mo.**

(No. **ST. Louis Children Hosp.** St. Ward)

File No.

Registered No. **7366**

2. FULL NAME *Betty Lou Taylor*

(a) Residence, No. **1074 So. Kings Highway** Ward. **6**

(Usual place of abode)

(If nonresident, give city or town and State)

Length of residence in city or town where death occurred **Life** yrs. **10** mos. **16** 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)

Child

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

C. Child

6. DATE OF BIRTH (MONTH, DAY AND YEAR) *11/25/30*

7. AGE

YEARS

MONTHS

DAYS

If LESS than 1 day, hrs. or min.

27

06

8. OCCUPATION OF DECEASED

(a) Trade, profession, or particular kind of work.

Child

(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 *ST. Louis, Mo.*

10. NAME OF FATHER *William Taylor*

11. BIRTHPLACE OF FATHER (CITY OR TOWN) STATE OR COUNTRY *Ind.*

12. MAIDEN NAME OF MOTHER *Catherine Beller*

13. BIRTHPLACE OF MOTHER (CITY OR TOWN) STATE OR COUNTRY *ST. Louis, Mo.*

14. INFORMANT *M. Merachmagn*
(Address) *500 So. Kings Highway*

15. FILED *1-2-31* 19 *31*
W. E. Staley
REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR) *7/1* 19 *31*

17. I HEREBY CERTIFY, That I attended deceased from *6/29*, 19*31*, to *7/1*, 19*31*, that I last saw her alive on *7/1*, 19*31*, and that death occurred, on the date stated above, at *2:28* p.m.

THE CAUSE OF DEATH* WAS AS FOLLOWS:

Congenital Hydrocephalus
157A
Label (duration) yrs. mos. ds.
CONTRIBUTORY (SECONDARY) *157A*
(duration) yrs. mos. ds.

18. WHERE WAS DISEASE CONTRACTED

IF NOT AT PLACE OF DEATH.....

19. DID AN OPERATION PRECEDE DEATH? *no* DATE OF.....

WAS THERE AN AUTOPSY? *yes*

WHAT TEST CONFIRMED DIAGNOSIS? *autopsy*
(Signed) *Alexis F. Hartman*, M. D.

, 19 (Address) *5000 Finis Highway*

*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 *New St Marcus* DATE OF BURIAL *July 3 1931*

20. UNDERTAKER *E. J. Schmur* ADDRESS *312 Lafayette*

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.

WHITE PAPER, WITH UNFADING INK—THIS IS A PERMANENT RECORD

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