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

Do not use this space.

21512

1. PLACE OF DEATH

County ..... Registration District No. 791 File No. .....

Township ..... Primary Registration District No. 1073 Registered No. 6079

City St Louis (No. 4720, Cote Brilliant St. ..... Ward)

2. FULL NAME John Edgar Taylor

(a) Residence, No. 4720 Cote Brilliant St., 6 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: Male
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) July 12, 1918

7. AGE: YEARS 13 MONTHS 11 DAYS 16 If LESS than 1 day, ... hrs. or ..... min.

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. School
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. .....
10. Date deceased last worked at this occupation (month and year) .....
11. Total time (years) spent in this occupation .....

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Mo

FATHER

13. NAME John H. Taylor
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Mo

MOTHER

15. MAIDEN NAME Josephine F. Mallow
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Mo

17. INFORMANT (ADDRESS) John H. Taylor 4720 Cote Brilliant

18. BURIAL, CREMATION, OR REMOVAL PLACE Valhalla Cem DATE June 30, 1932

19. UNDERTAKER (ADDRESS) Drechmann Kanal 1905 Union Blvd

20. FILED JUN 29 1932 19 Max C. Starkey Registrar.

MEDICAL CERTIFICATE OF DEATH

2

21. DATE OF DEATH (MONTH, DAY, AND YEAR) June 28, 1932

22. I HEREBY CERTIFY, That I attended deceased from June 18, 1932, to June 28, 1932

I last saw him alive on June 27, 1932 Death is said to have occurred on the date stated above, at 2:40 A.m.

The principal cause of death and related causes of importance were as follows:

Status epilepticus

311

85

Date of onset: Congenital

Other contributory causes of importance:

Lues, hereditary

(1)

Name of operation None Date of .....

What test confirmed diagnosis? Blood Was there an autopsy? No

23. If death was due to external causes (violence), fill in also the following:

Accident, suicide, or homicide? ..... Date of injury ....., 19....

Where did injury occur? ..... (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place.

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? No

If so, specify .....

(Signed) Roland Stieffer, M. D.

(Address) 4500 Olive

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

ARGIN RESERVED FOR BINDING

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.

V. SP. NO. 2

Dr. J. B. [illegible]
[illegible] Bldg
130

see
[illegible]