

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

Do not use this space.

3834

**1. PLACE OF DEATH**

County..... Registration District No. 707  
Township..... Primary Registration District No. 41MBR

File No. ....  
Registered No. 229  
St. .... Ward)

City St. Louis (No. City Hospital)

# 16831 2. FULL NAME Arthur Taylor

(a) Residence, No. 1933 St. Mendenhall Ward 26  
(Usual place of abode)

Length of residence in city or town where death occurred 24 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds. (If nonresident, give city or town and State)

**PERSONAL AND STATISTICAL PARTICULARS**

3. SEX male 4. COLOR OR RACE white 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) married

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Mar. 17-1894

7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min.  
38 9 19

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Bricklayer

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) Apr. 1930 11. Total time (years) spent in this occupation 29

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Buffalo New York

13. NAME Charles Taylor

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) New York

15. MAIDEN NAME Anna unk

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) New York

17. INFORMANT (ADDRESS) Hospital City Hospital

18. BURIAL, CREMATION, OR REMOVAL PLACE St. Matthew DATE 1-7-33

19. UNDERTAKER (ADDRESS) Graghty and Co. 420 1/2 E. 12th St.

20. FILED JAN - 1 1933 Max O'Sullivan Registrar.

**MEDICAL CERTIFICATE OF DEATH**

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Jan 5th 1933

22. I HEREBY CERTIFY, That I attended deceased from Dec 30th 1932 to Jan 5th 1933  
I last saw him alive on Jan 5th 1933. Death is said to have occurred on the date stated above, at 9:45 PM

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

4660  
Arteriosclerosis of liver  
116 (Portal typh)  
2HB  
Carcinoma of liver (Primary)

Other contributory causes of importance:  
None

Name of operation None Date of None  
What test confirmed diagnosis? Clinical Was there an autopsy? Yes

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) Maurice A. Beck, M. D.  
(Address) City Hospital

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

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.

226  
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2

Page 2