

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

Do not use this space.

11353

**1. PLACE OF DEATH**

County..... Registration District No. **791**  
Township..... Primary Registration District No. **1003**  
City **St. Louis** (No. **City Hospital # 2**)

File No.....  
Registered No. **2413**  
St..... Ward)

**2. FULL NAME**

(a) Residence, No. **321 S 21st** St., **22** 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 **Col** | 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) **Married**

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) **Unknown**

7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min.  
**abt. 40** | — | — | —

OCCUPATION 8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. **Building Laborer**  
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) **Unknown**

FATHER 13. NAME **Unknown**

FATHER 14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) **Unknown**

MOTHER 15. MAIDEN NAME **Unknown**

MOTHER 16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) **Unknown**

17. INFORMANT **Fanny Taylor**  
(ADDRESS) **321 S. 21st Str.**

18. BURIAL, CREMATION, OR REMOVAL PLACE **Jefferson Burial** DATE **3/13/33**

19. UNDERTAKER **Peoples Ind Co**  
(ADDRESS) **3100 Franklin Av.**

20. FILED **MAR 13 1933**  
**W. C. Starke** Registrar.

**2 MEDICAL CERTIFICATE OF DEATH**

21. DATE OF DEATH (MONTH, DAY, AND YEAR) **3/6/33** 19**33**

22. I HEREBY CERTIFY, That I attended deceased from **To Physician in attendance**  
19....., to..... 19.....

I last saw h..... alive on..... 19..... Death is said

to have occurred on the date stated above, at **130p.m.**

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

**174** Date of onset

**174** **Shock - injuries (Fractured Skull) following fall to ground, due to being stabbed by knife in hands of A. C. Blaylock**

Other contributory causes of importance: **in St. Louis, Mo.**

**174** **Homicide**

Name of operation..... Date of.....

What test confirmed diagnosis? **(D)** Was there an autopsy? **Yes**

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

Accident, suicide, or homicide? **Homicide** Date of injury **3/6/33**

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

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

Manner of injury **Fall to ground**

Nature of injury **Fractured Skull**

24. Was disease or injury in any way related to occupation of deceased?

If so, specify.....

(Signed) **Harold C. Blaylock, M.D.**

(Address) **Deputy Registrar**

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.

