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.

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

Do not use this space.

1. PLACE OF DEATH

County ..... Registration District No. 791 File No. 21832

Township ..... Primary Registration District No. 1003 Registered No. 5652

City St. Louis (No. City Hospital St. ..... Ward)

#1547

2. FULL NAME William R. Taylor

(a) Residence, No. 3629a No. 11th St., 26 Ward. (If nonresident, give city or town and State)
(Usual place of abode)

Length of residence in city or town where death occurred 4 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): Divorced

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Oct. 10th 1862

7. AGE: YEARS 70 | MONTHS 7 | DAYS 25 | If LESS than 1 day, ... hrs. or ..... min.

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Laborer 59
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. 93C
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) Dyers County Tenn. 2

FATHER

13. NAME unk
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) unk 31

MOTHER

15. MAIDEN NAME Susan (unk)
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) unk 31

17. INFORMANT (ADDRESS) Hospital Information Grace Kopp City Hospital

18. BURIAL, CREMATION, OR REMOVAL
PLACE Cremation DATE 6-29 1933

19. UNDERTAKER (ADDRESS) W P Dickerson City Hospital

20. FILED JUN 28 1933 J F Bredeck Registrar.

MEDICAL CERTIFICATE OF DEATH

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21. DATE OF DEATH (MONTH, DAY, AND YEAR) June 4th 1933

22. I HEREBY CERTIFY, That I attended deceased from April 28, 1933, to June 4th, 1933

I last saw him alive on June 4, 1933 Death is said to have occurred on the date stated above, at 11.30 P.M.

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

	Date of onset
Broncho Pneumonia	6-3-33
Diabetic Mellitus c̄ Coma	4-28-33+

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Other contributory causes of importance:

Chronic Myocarditis	4-28-33+
Arterio Sclerosis	4-28-33+
Rt. Hemiplegia	5-21-33

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

What test confirmed diagnosis? Clinical & Lab. 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? .....

If so, specify .....

(Signed) Arthur A. Hines, M. D.

(Address) City Hospital