

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

Do not use this space.

31418

1. PLACE OF DEATH

County..... Registration District No. 791
Township..... Primary Registration District No. 203
City..... St. Louis Mo. (No., St. Ward)

File No.....
Registered No. 8084

2. FULL NAME Edward Taylor

(a) Residence, No. 4017 Cook St. 11 Ward. (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 Negro 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) Widowed

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Feb. 22 - 1876

7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min.
57 6 24

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Gas Maker 137

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. 698

10. Date deceased last worked at this occupation (month and year) Dec 19 29 11. Total time (years) spent in this occupation 6 yrs

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Nova Scotia
Cassada

13. NAME Unknown

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

15. MAIDEN NAME Unknown

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

17. INFORMANT Mable Hart
(ADDRESS) 4019 Cook Ave

18. BURIAL, CREMATION, OR REMOVAL PLACE Edwardsville Ill DATE 9/18 1933

19. UNDERTAKER A RUSSELL UND Co
(ADDRESS) 2732 PINE ST

20. FILED SEP 17 1933 J P Brubaker
Registrar.

4 MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Sept. 15 1933

22. I HEREBY CERTIFY, That I attended deceased from 9-14-1933 to 9-15-1933

I last saw him alive on 9-15-1933. Death is said to have occurred on the date stated above, at 5 a m.

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

Hypertrophy of Prostate Glands
Uraemia
Acute urinary retention

Other contributory causes of importance: (B)

Name of operation None Date of

What test confirmed diagnosis? Evan's 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) F. R. Bradley, M. D.

(Address) Barnes 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.

OCT 20 1933

MAY 18 1942