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.

DEC 12 1935

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

Do not use this space.

37660

1. PLACE OF DEATH

County ..... Registration District No. 1003 File No. .....

Township ..... Primary Registration District No. ..... Registered No. 9633

City St Louis (No. 3737, Hebert St. ..... Ward)

2. FULL NAME Andrew C Taylor

(a) Residence, No. 3737 Hebert St., 10 Ward. (If nonresident, give city or town and State)
(Usual place of abode)

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 M

4. COLOR OR RACE W.

5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (*write* the word) Married

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Aug 31, 1891

7. AGE

YEARS	MONTHS	DAYS	If LESS than 1 day, ... hrs. or ..... min.
44	2	13	

OCCUPATION

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

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

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 Calvin C. Taylor

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

MOTHER

15. MAIDEN NAME Mable Smith

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

17. INFORMANT (ADDRESS) Florence Taylor 3737 Hebert St

18. BURIAL, ~~CREMATION, OR REMOVAL~~

PLACE Valhalla Cem DATE Nov 18, 1935

19. UNDERTAKER (ADDRESS) Drehmann Harral 1905 Union Blvd

20. FILED NOV 18 1935 19 J F Bredeck Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Nov 14, 1935

22. I HEREBY CERTIFY, That I attended deceased from Jan 1, 1930, to Nov 14, 1930

I last saw him alive on Nov 14, 1930. Death is said to have occurred on the date stated above, at 3 45 p.m.

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

	Date of onset
Chronic Myocarditis and Chronic Bronchitis	1/1/30

Other contributory causes of importance: Lobar Pneumonia 9 30 [illegible]

Name of operation none Date of X

What test confirmed diagnosis? usual findings Was there an autopsy? no

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

Accident, suicide, or homicide? no Date of injury X, 19 X

Where did injury occur? none (Specify city or town, county, and State)

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

Manner of injury X

Nature of injury X

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

If so, specify no

(Signed) William T Hinchin, M. D.

(Address) 3500 N Grand Blvd

Dr Hersche
35N. Grand
1-2 PM.