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.

MAY 27 1936

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

Do not use this space.

18029

1. PLACE OF DEATH

County St. Louis, Missouri — Registration District No. 1123

Township — Primary Registration District No. 62483

City Jefferson Barracks, Mo. No. Veterans Administration Facility St. Ward)

File No.

Registered No. 145

2. FULL NAME William E. TAYLOR

(a) Residence, No. 1421 Park Avenue, St., Ward. St. Louis, Missouri
(Usual place of abode) (If nonresident, give city or town and State)

Length of residence in city or town where death occurred Un yrs. kn mos own 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): Married

5A. IF MARRIED, WIDOWED, OR DIVORCED — HUSBAND OF (OR) WIFE OF: Mrs. Daisy Taylor

6. DATE OF BIRTH (MONTH, DAY, AND YEAR): April 29, 1892

7. AGE — Years: 43 — Months: 11 — Days: 13 — If LESS than 1 day, ...hrs. or ....min.

OCCUPATION

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

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

10. Date deceased last worked at this occupation (month and year): Unavailable

11. Total time (years) spent in this occupation: Unav.

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): Carlinville Illinois

FATHER

13. NAME: John Taylor

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): Bunker Hill, Ill.

MOTHER

15. MAIDEN NAME: Laura Ryan

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): Bunker Hill, Ill.

17. INFORMANT: Alice [illegible] Acting Clinical Clerk
(ADDRESS) Vet. Adm. Facility, Jeff. Brks., Mo.

18. BURIAL, CREMATION, OR REMOVAL
PLACE National Cem. DATE 4-15-, 1936

19. UNDERTAKER: E. Hoffmeister U. L. Co.
(ADDRESS) 7814 So. Broadway

20. FILED Apr 14, 1936 G. Mowry Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR): April 12, 19 36

22. I HEREBY CERTIFY, That I attended deceased from March 11, 19 36, to April 12, 19 36

I last saw him alive on April 12, 19 36 Death is said to have occurred on the date stated above, at 10:14 A.M.

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

	Date of onset
Myocarditis with dilatation	Unk.
Mitral Stenosis	Unk.

Other contributory causes of importance:

Pulmonary Infarction	Unk.

Name of operation — Date of —

What test confirmed diagnosis? Clinical manifestations, x-ray, autopsy. 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) C. W. HUGHES, M.D., M. D.

(Address) Vet. Adm. Fac., Jeff. Brks., Mo.