

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

Do not use this space.

OCT 5 1936

1. PLACE OF DEATH

County.....
Township.....
City St. Louis, Mo.

Registration District No. 791
1003
Primary Registration District No. Lutheran Hospital

File No. 36183
Registered No. 9829
St. _____ Ward _____

2. FULL NAME Mrs Minnie Taylor

(a) Residence, No. _____ St. N.R. Ward. Golden Eagle, Illinois
(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 Female 4. COLOR OR RACE White 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) Widow

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) December 26th, 1874

7. AGE YEARS 61 MONTHS 9 DAYS 0 If LESS than 1 day, _____ hrs. or _____ min.

OCCUPATION 8. Trade, profession, or particular kind of work done, as splainer, sawyer, bookkeeper, etc. Housework
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. at home
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) Golden Eagle, Illinois

FATHER 13. NAME Henry Linderment

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

MOTHER 15. MAIDEN NAME Unknown

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

17. INFORMANT Mr. Emming (ADDRESS) Brussels, Illinois

18. BURIAL, CREMATION, OR REMOVAL PLACE Golden Eagle, Ill. DATE Sept. 29th, 1936

19. UNDERTAKER Albert H. Hoppe Inc. (ADDRESS) 429 N. Euclid Avenue

20. SEP 28 1936 19 J. Bredenk Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) September 26th, 1936

22. I HEREBY CERTIFY, That I attended deceased from Sept. 20, 1936 to Sept. 26, 1936
I last saw her alive on Sept. 26, 1936 Death is said to have occurred on the date stated above, at 2 p.m.

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

Post-operative shock following operation for gall bladder. no stones

Other contributory causes of importance: arteriosclerosis

Name of operation cholecystectomy Date of Sept 24
What test confirmed diagnosis? specimen 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 _____ 19 _____
Where did injury occur? home (Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place.

Manner of injury home
Nature of injury _____

24. Was disease or injury in any way related to occupation of deceased? If so, specify (Signed) S. H. Manning M. D.
(Address) 511 S. 1st St. Jefferson, Mo.

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.

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

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