JAN 26 1937

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

Do not use this space.

46106

File No. ..... Registered No. 449

1. PLACE OF DEATH
County St. Louis, County. Registration District No. .....
Township Central Primary Registration District No. .....
City Clayton Mo. (No. St. Louis, County Hospital St. ..... Ward)

2. FULL NAME Taylor, George
(a) Residence, No. Saratoga St St. ..... Ward. .....
(Usual place of abode) Mecham Park. St L Co. (If nonresident, give city or town and State)
Length of residence in city or town where death occurred 3 yrs. 2 mos. 5 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): Widower

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Dec 24 1888

7. AGE: YEARS 48 MONTHS 0 DAYS 1 If LESS than 1 day, ... hrs. or ..... min.

OCCUPATION
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. .....
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Poultry raiser
10. Date deceased last worked at this occupation (month and year) .....
11. Total time (years) spent in this occupation .....

12. BIRTHPLACE (CITY OR TOWN) St Louis (STATE OR COUNTRY) Mo.

FATHER
13. NAME James Taylor
14. BIRTHPLACE (CITY OR TOWN) Mo. (STATE OR COUNTRY)

MOTHER
15. MAIDEN NAME Ellen ?
16. BIRTHPLACE (CITY OR TOWN) Mo. (STATE OR COUNTRY)

17. INFORMANT Walter Taylor (ADDRESS) 529 Leeton St St L County.

18. BURIAL, CREMATION, OR REMOVAL
PLACE St Peters Cem DATE 12-31-36, 19

19. UNDERTAKER Ellis Funeral Home (ADDRESS) 2820 stoddard st.

20. FILED 12/30, 1936 Dr A J Figuorelli Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) 12/25, 1936

22. I HEREBY CERTIFY, That I attended deceased from Dec. 21, 1936 to ....., 19..
I last saw h. alive on Dec. 25, 1936. Death is said to have occurred on the date stated above, at 4 A. m.
The principal cause of death and related causes of importance were as follows:

	Date of onset
Myocardial decompensation	

Other contributory causes of importance:

Name of operation ..... Date of .....
What test confirmed diagnosis? ..... Was there an autopsy? No

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) P. D. Schulling, M. D.
(Address) St Louis Co Hosp Clayton Mo.

Und; Lic # 2560 Emb; Lic; # 2946

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.