

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.

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

Do not use this space.

1. PLACE OF DEATH

County
Township
City ST. LOUIS (No. 1)

FEB 8 1937 791

Registration District No. 1008
Primary Registration District No. M.O. PACIFIC HOSPITAL

File No. 3290
Registered No. 318
Ward

2. FULL NAME

JOEL EDWARD TAYLOR

(a) Residence, No. 3756 WEST PINE St., 19 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 WHITE 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) SINGLE

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) OCT. 31 - 1872

7. AGE YEARS 64 MONTHS 2 DAYS 6 If LESS than 1 day, hrs. or min.

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. R. & R. Clerk
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. M.O. PACIFIC
10. Date deceased last worked at this occupation (month and year)
11. Total time (years) spent in this occupation 16

12. BIRTHPLACE (CITY OR TOWN) WHEELING (STATE OR COUNTRY) WEST VIRGINIA 2

13. NAME JACOB TAYLOR

14. BIRTHPLACE (CITY OR TOWN) WEST VIRGINIA (STATE OR COUNTRY)

15. MAIDEN NAME ELLEN. UNK.

16. BIRTHPLACE (CITY OR TOWN) WEST VIRGINIA (STATE OR COUNTRY)

17. INFORMANT MRS. M. D. DITS (ADDRESS) 3756 WEST PINE

18. BURIAL, CREMATION, OR REMOVAL PLACE VALHALLACEM DATE JAN 9 1937

19. UNDERTAKER E. J. Schmur (ADDRESS) 31205 Lafayette Ave

20. FILED JAN 8 1937 W. Bredeck Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) JAN 6 1937

22. I HEREBY CERTIFY, That I attended deceased from OCT 20 1936 to JAN 6 1937

I last saw him alive on JAN 6 1937. Death is said to have occurred on the date stated above, at 11:15 A.M.

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

CARCINOMA OF PROSTATE Date of onset 1935

Other contributory causes of importance: 510

Name of operation TRANSURETHRAL SECTION Date of 8-29-35
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

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) W. B. Custer, M. D.
(Address) M. O. Pac Hosp

