

JUN 12 1937

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

Do not use this space.

18622

1. PLACE OF DEATH

County..... Registration District No. **791**  
Township..... Primary Registration District No. **1008**  
City St. Louis, (No. 20 No. Kingshighway Blvd. St. .... Ward)

File No. ....  
Registered No. **5198**

2. FULL NAME John Clarence Taussig  
(a) Residence, No. 20 No. Kingshighway Blvd 12 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

MEDICAL CERTIFICATE OF DEATH

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

21. DATE OF DEATH (MONTH, DAY, AND YEAR) May 23, 1937

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Feb. 5, 1872

22. I HEREBY CERTIFY, That I attended deceased from Jan 4, 1937, to May 23, 1937  
I last saw him alive on May 23, 1937. Death is said to have occurred on the date stated above, at 10 A.M.  
The principal cause of death and related causes of importance were as follows:

7. AGE YEARS MONTHS DAYS IF LESS than 1 day, .....hrs. or .....min.  
206 65 3 18

Date of onset

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

Uremia 1/31 6/19/37

Other contributory causes of importance:

Chronic nephritis 1934

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

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

13. NAME John J. Taussig

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)

14. BIRTHPLACE (CITY OR TOWN) Prague (STATE OR COUNTRY) Austria

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

15. MAIDEN NAME Leonore

Manner of injury.....  
Nature of injury.....

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

24. Was disease or injury in any way related to occupation of deceased? No  
If so, specify.....

17. INFORMANT Garfield J. Taussig (ADDRESS) Chase Hotel.

(Signed) Albert E. Taussig, M. D.  
(Address) 4500 Olive St. St. Louis

18. BURIAL, CREMATION, OR REINTERMENT PLACE Bellefontaine DATE May 25, 37

19. UNDERTAKER Wagoner Undertaking Co., (ADDRESS) 3621 Olive St.

20. FILED J. H. Bredeck Registrar.

MAY 25 1937

CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important.

OCCUPATION 764

