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.

File No. 21408
Registered No. 114

JUN 29 1937

1. PLACE OF DEATH
County St. Louis
Township Jefferson
City Richmond Heights (No. St. Mary's Hospital St. Ward)
Registration District No. 1170
Primary Registration District No. 6248-H.

2. FULL NAME Seneca C. Taylor
(a) Residence, No. 339 Plant Ave., Webster Groves, Mo. (If nonresident, give city or town and State)
(Usual place of abode)
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): Married

5A. IF MARRIED, WIDOWED, OR DIVORCED
HUSBAND OF ~~WIFE OF~~ Catherine Nolan Taylor

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Feb. 3, 1874

7. AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
63	3	2	

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

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

FATHER
13. NAME Seneca N. Taylor
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Mich.

MOTHER
15. MAIDEN NAME Letitia Chester
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Mich.

17. INFORMANT Mrs. Catherine Nolan Taylor
(ADDRESS) 339 Plant Ave. Webster Groves, Mo.

18. BURIAL, CREMATION, OR REMOVAL
PLACE Calvary Cem. DATE May 8, 1937

19. UNDERTAKER Arthur J. Donnelly Undt. Co.
(ADDRESS) 3840 Lindell Blvd.

20. FILED May 7, 1937. Sam A. Bassett
Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) May 5, 1937

22. I HEREBY CERTIFY, That I attended deceased from Sep. 1934, to May 5, 1937
I last saw him alive on May 5, 1937. Death is said to have occurred on the date stated above, at 5:30 p.m.
The principal cause of death and related causes of importance were as follows:

	Date of onset
Pulmonary Embolism	5-5-37
Congestive Heart Failure	9-1934
Rupture of mitral valve	Aug 1934

Other contributory causes of importance: Traumatic

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) Pa Russella M. D.
(Address) 415 Beaumont Bldg