

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

Do not use this space.

1. PLACE OF DEATH **Jul 8 - 1937**
 County Registration District No. **791**
 Township Primary Registration District No. **1008**
 City **Saint Louis** (No. **3109 Rutger Street** (Rear) St. Ward)

2. FULL NAME **Rachel Taylor**
 (a) Residence, No. **3109 Rutger Street** St., **18** Ward.
 (Usual place of abode)
 Length of residence in city or town where death occurred **45** yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

File No. **21745**
 Registered No. **5497**
 St. Ward)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX **Female** 4. COLOR OR RACE **Negro** 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) **Widowed**

5A. IF MARRIED, WIDOWED, OR DIVORCED -
 HUSBANDS (OR) WIFE OF **Jefferson Taylor**

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) **Unk 1864**
 7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min.
About 73 ✓ ✓

8. Trade, profession, or particular kind of work done, as spinner, 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) **May 31st, 1937** 11. Total time (years) spent in this occupation **Unk**

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) **Nashville Tennessee**

13. NAME **Unavailable**

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) **Unk**

15. MAIDEN NAME **Unk**

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) **Unk**

17. INFORMANT **Mrs. Theresa McAlpin**
 (ADDRESS) **3122 Rutger Street**

18. BURIAL, CREMATION, OR REMOVAL PLACE **Father Dickson's** DATE **June 4, 37**

19. UNDERTAKER **Shirley A. Oates**
 (ADDRESS) **4107-09 Finney Avenue**

20. FILED **JUN 2 1937** **J. J. Bredesch**
 Registrar

**MEDICAL CERTIFICATE OF DEATH
No Physician in Attendance**

21. DATE OF DEATH (MONTH, DAY, AND YEAR) **May 31st, 1937**

22. I HEREBY CERTIFY, That I attended deceased from, 19....., to, 19.....

I last saw h..... alive on 19..... Death is said to have occurred on the date stated above, at **2:05 P.M.**

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

Cerebral Apoplexy
Jeja
Arterio Sclerosis

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 **H** ✓
 Nature of injury.....

24. Was disease or injury in any way related to occupation of deceased? **no**
 If so, specify.....
 (Signed) **Alfred J. Perry**
 (Address) **1300 Clark Avenue**
Deputy Coroner

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.

84881 Card with P. and S. in front to be removed.

