SEP 10 1937

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

Do not use this space.

29242

File No.

Registered No. 7875

1. PLACE OF DEATH

County

Registration District No. 791

Township

Primary Registration District No. 1003

City St. Louis Children's Hospital, St. Louis, Missouri (No. St. Ward)

2. FULL NAME Catherine Taylor

(a) Residence, No. 3116 Clifton Pl. St., 2 Ward.
(Usual place of abode) (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: Female

4. COLOR OR RACE: Black

5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word): Child

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) May 22, 1936

7. AGE: Years 1 Months 2 Days 27 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. Child

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) St. Louis, Mo.

FATHER

13. NAME Henry

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Alabama

MOTHER

15. MAIDEN NAME Lulu Dent

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Alabama

17. INFORMANT (ADDRESS) M.E. Matthews, 500 S. Kingshighway

18. BURIAL, CREMATION, OR REMOVAL PLACE Greenwood DATE 8/23/, 1937

19. UNDERTAKER (ADDRESS) A. B. BEAUMUND & CO, 2726 Gravois Ave.

20. FILED AUG 21 1937 J. Bredeck Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) 8-19-, 1937

22. I HEREBY CERTIFY, That I attended deceased from 8-1-37, 19..., to 8-19-37, 19... I last saw her alive on 8-19-37, 19... Death is said to have occurred on the date stated above, at 11:25 a.m.

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

Lung Abscess, Rt
Results of aspirating a piece of apple into lung
Non TB.

Date of onset

Other contributory causes of importance:

194 a

Name of operation Date of

What test confirmed diagnosis? Was there an autopsy? Yes

23. If death was due to external causes (violence), fill in also the following:

Accident, ~~suicide, or homicide~~? Date of injury 8-1, 1937

Where did injury occur? St. Louis Mo. (Specify city or town, county, and State)

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

Manner of injury Eating apple

Nature of injury Apple lodged in lung

24. Was disease or injury in any way related to occupation of deceased?

If so, specify

(Signed) Earl L. Elsas Jr. M. D.

(Address) 500 S. Kingshighway

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.

N.F. Hathaway
500 S. Hathaway
Alabama

Indian Dept
Alabama

Henry

St. Louis, Lo.

Child

	1	
	2	
Child		
Black	Child	
Public		

11:25 a.m.

8-19-37

8-19-37

8-19-37

8-1-37

St. Louis Children's Hospital, St. Louis, Mo.
Catherine Taylor
2116 Griffin Pl.