

REC'D FEB 10 1938

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

21

Do not use this space.

1. PLACE OF DEATH

(a) County 1 Registration District No. 791
 (b) Township _____ Primary Registration District No. 1008 Registered No. 21
 (c) City St. Louis, (d) Street No. 3651 Vista - Bethesda Hospital St.
 (If death occurred in Hospital or Institution, write its name instead of street and number)
 (e) Length of residence in city or town where death occurred yrs. mos. ds. (f) How long in U. S., if of foreign birth? yrs. mos. ds.

2. PRINT FULL NAME

460 Marlene Taylor
 (a) Residence, No. _____ St. N.B. Bloomfield, Mo.
 (Usual place of abode, if no street address, write county or city) (If nonresident, give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX <u>F.</u>	4. COLOR OR RACE <u>W.</u>	5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) <u>Infant</u>
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF		
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) <u>Feb. 27-1938</u>		
7. AGE	YEARS	MONTHS
		<u>10</u>
		DAYS
		<u>4</u>
8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc.		If LESS than 1 day, hrs. or min.
9. Industry or business in which work was done, as 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) <u>Bloomfield, Mo.</u>		
FATHER	13. NAME <u>Howard Taylor.</u>	
	14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>Missouri</u>	
MOTHER	15. MAIDEN NAME <u>Georgia Tate</u>	
	16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>Bloomfield Missouri.</u>	
17. INFORMANT <u>Mother</u> (ADDRESS) <u>Bloomfield, Mo.</u>		
18. BURIAL, CREMATION, OR REMOVAL PLACE <u>Bloomfield Mo.</u> DATE <u>Jan. 2, 1938</u>		
19. FUNERAL DIRECTOR <u>Albert H. Hoppe</u> (ADDRESS) <u>4700 Washington Blvd.</u>		
20. FILED <u>JAN 1 1939</u> <u>J. D. Brueck</u> Local Registrar		

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) 12-31 1938

22. I HEREBY CERTIFY, That I attended deceased from 12/31, 1938, to 12/31, 1938
 I last saw her alive on 12/31/38, 19..... Death is said to have occurred on the date stated above, at 2 P. m.
 The principal cause of death and related causes of importance were as follows:
Arteriosclerosis, caused by scurvy & rickets
60
 Other contributory causes of importance:
Severe Secondary Anemia
 Date of onset 8/1/38

Name of operation _____ Date of _____
 What test confirmed diagnosis? X-Ray 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) Louis Keller M. D.
 (Address) 3649 Vista Ave, St. Louis

(Licensed Embalmer's Statement on Reverse Side)

WRITE PLAINLY, WITH UNFADING INK---THIS IS A PERMANENT RECORD

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.

2025-1-23-37 I X12004

STATEMENT BY LICENSED EMBALMER

I, _____, Licensed Embalmer No. _____

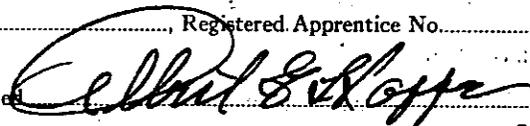
hereby certify that the body recorded on the reverse side of this certificate was embalmed by _____

L. E. _____

No. _____ or by _____, Registered Apprentice No. _____

working under my personal supervision.

Signed



Licensed Embalmer No. 2971

- Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license.)