

1939 MAR 13 1939

MISSOURI STATE BOARD OF HEALTH

BUREAU OF VITAL STATISTICS
CERTIFICATE OF DEATH

4970
Do not use this space.

791
1003

Registered No. 1663

1. PLACE OF DEATH

(a) County Registration District No.
(b) Township Primary Registration District No.
(c) City St. Louis (d) Street No. DePaul 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 Beulah M. Taylor

(a) Residence, No. 5630 Pershing Ave. St. 12
(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 Female 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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Oct. 7, 1873

7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min.
65 4 13

OCCUPATION 8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc. Office work
9. Industry or business in which work was done, as saw mill, bank, etc. Coal Co.
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) Missouri 0

FATHER 13. NAME Walter Kidder 1

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Virginia 1

MOTHER 15. MAIDEN NAME Unknown

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

17. INFORMANT Walter Taylor
(ADDRESS) 5579 Delmar Ave.

18. BURIAL, CREMATION, OR REMOVAL PLACE Valhalla Cem. DATE 2-22, 1939

19. FUNERAL DIRECTOR (NAME) Kriegshauser Mortuar
(ADDRESS) 4228 So. Kingshighwa

20. FILED 21-1939 19
J. D. Buehler Local Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) 2-20, 1939

22. I HEREBY CERTIFY, That I attended deceased from Dec 20 - 1938 to Dec 20 - 1939

I last saw her alive on 2-19-39. Death is said to have occurred on the date stated above, at 1:05 A.M.

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

Cancer of Colon ?
Metastases to Liver ?
Date of onset ?

Name of operation Colectomy Date of Jan 25-39

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 Yes
(Signed) J. W. Hausman M. D.
(Address) 4500 Olive St.
St. Louis, Mo

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.

1-3 Kristin Bling

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me, or by.....

....., Registered Apprentice No.....

working under my personal supervision.

Signed Reinhold K. Lohman

Licensed Embalmer No. 3395

P. O. Address.....

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.)

If this body is not embalmed, above space should be left blank.