

REC'D APR 7 1939

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

12404
Do not use this space.

1. PLACE OF DEATH

(a) County Saint Louis Registration District No. 784
(b) Township Carondelet Primary Registration District No. 300
(c) City Jefferson Barracks or (d) Street No. 1st 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 Unkn. yrs. mos. ds. (f) How long in U.S., if of foreign birth? yrs. mos. ds.

2. PRINT FULL NAME Henry Taylor

(a) Residence, No. 1922 (rear) Wash. Street St. St. Louis, Missouri.
(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>Male</u>	4. COLOR OR RACE <u>Colored</u>	5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) <u>Widower</u>
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF ---		
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) <u>March 4, 1893</u>		
7. AGE	YEARS <u>46</u>	MONTHS <u>0</u>
		DAYS <u>18</u>
		IF LESS than 1 day, hrs. or min.
OCCUPATION	8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc. <u>Laborer</u>	
	9. Industry or business in which work was done, as saw mill, bank, etc. <u>-</u>	
	10. Date deceased last worked at this occupation (month and year) <u>-</u>	11. Total time (years) spent in this occupation <u>-</u>
12. BIRTHPLACE (CITY OR TOWN) <u>Granada,</u> (STATE OR COUNTRY) <u>Mississippi.</u>		
FATHER	13. NAME <u>Tom Taylor</u>	
	14. BIRTHPLACE (CITY OR TOWN) <u>Not known</u> (STATE OR COUNTRY) <u>Not known</u>	
MOTHER	15. MAIDEN NAME <u>Fronnie Taylor</u>	
	16. BIRTHPLACE (CITY OR TOWN) <u>Not known</u> (STATE OR COUNTRY) <u>Not known</u>	
17. INFORMANT <u>Marie Stehlik</u> (ADDRESS) <u>VAE., Jefferson Barracks, Missouri.</u>		
18. BURIAL, CREMATION, OR REMOVAL PLACE <u>Jefferson Barracks</u> DATE <u>March 25, 1939</u>		
19. FUNERAL DIRECTOR (NAME) <u>Jas. H. Randle & SON</u> (ADDRESS) <u>3133 9th St.</u>		
20. FILED <u>3-25</u> , 1939 <u>DR. Meyer</u> Registered		

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) March 22, 1939

22. I HEREBY CERTIFY, That I attended deceased from January 23, 1939, to March 22, 1939

I last saw him alive on March 22, 1939. Death is said

to have occurred on the date stated above, at 5:14 P.M.

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

Pulmonary Tuberculosis, chronic, far-advanced, active.

Date of onset

Unkn.

Other contributory causes of importance:

None

Name of operation None Date of None
What test confirmed diagnosis? clinical exam. and lab. Was there an autopsy? NO.

23. If death was due to external causes (violence), fill in also the following:
Accident, suicide, or homicide? None Date of injury None, 1939

Where did injury occur? None
(Specify city or town, county, and State)

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

Manner of injury None

Nature of injury None

24. Was disease or injury in any way related to occupation of deceased? None
If so, specify None

(Signed) C. W. HUGHES, Chief Med. Off., M. D.

(Address) VAE., Jefferson Barracks, 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.

THIS IS A PERMANENT RECORD

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..... *A J Watson*

Licensed Embalmer No. *2697*

P. O. Address *2769 Chou*

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.