DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

MISSOURI STATE BOARD OF HEALTH

STANDARD CERTIFICATE OF DEATH

State File No. 27824

Registration District No. 1003 SEP 14 1939 791 Primary Registration District No.

Registrar's No. 7324

1. PLACE OF DEATH:

(a) County

(b) City or town St. Louis
(If outside city or town limits, write "RURAL" and name of township)

(c) Name of hospital or institution: DePaul Hospital 1
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution one week. (Specify whether
In this community 65 years.
years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri. 1 (b) County 6

(c) City or town St. Louis
(If outside city or town limits, write "RURAL")

(d) Street No. 5036a Lotus Ave.
(If rural, give location)

(e) If foreign born, how long in U. S. A.? years.

3. (a) PRINT FULL NAME Albert E. Taylor 460

3. (b) If veteran, name war none

3. (c) Social Security No. none

4. Sex Male

5. Color or race White

6. (a) Single, widowed, married, divorced Married

6. (b) Name of husband or wife Ann Taylor

6. (c) Age of husband or wife if alive 62 years years

7. Birth date of deceased May 8, 1874 (Month) (Day) (Year)

8. AGE: Years	Months	Days	If less than one day
65	3	15	hr. min.

9. Birthplace St. Louis, (City, town, or county) Missouri. 0 (State or foreign country)

10. Usual occupation Carpenter 4

11. Industry or business Retired 7

FATHER
12. Name Frederick Taylor
13. Birthplace England (City, town, or county) (State or foreign country)

MOTHER
14. Maiden name Elizabeth Unknown.
15. Birthplace Holland. (City, town, or county) (State or foreign country)

16. (a) Informant's own signature Ann Taylor
(b) Address 5036a Lotus Ave.

17. (a) Calvary Cemetery (Burial, cremation, or removal) (b) Date thereof Aug. 26, 1939 (Month) (Day) (Year)
(c) Place: burial or cremation Calvary Cemetery

18. (a) Signature of funeral director Bernard Niehaus
(b) Address 1431 Union Blvd.

19. (a) AUG 24 1939 (Date received local registrar) (b) J. F. Bredeck (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Aug. day 23
year 1939 hour 4 minute 35 p. M.

21. I hereby certify that I attended the deceased from 3-27-39, 19__, to Aug 23, 1939;
that I last saw him alive on Aug 23, 1939;
and that death occurred on the date and hour stated above.

Immediate cause of death	Duration
Carcinoma of Bladder (Urinary)	1 yr
General Metastases	
Due to	
Due to	
Other conditions 2.0 (Include pregnancy within 3 months of death)	
Major findings: Of operations 4.0	
Of autopsy 2.0	

51

PHYSICIAN
Underline the cause to which death should be charged statistically

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide (specify)
(b) Date of occurrence
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur in or about home, on farm, in industrial place, in public place? 1 (Specify type of place)
While at work? (e) Means of injury

23. Signature Eugene J. O'Malley (M. D. or other) MD
Address Missouri Bldg Date signed 8/24/39

(Licensed Embalmer's Statement on Reverse Side)

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.

WHITE PLANET—USE UNFADING BLACK INK—MAKE A PERMANENT RECORD

I X19511

Mo Then Bed
3P.M.

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 L. M. White

Licensed Embalmer No. 3973

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.