

FILED MAY 15 1940

MISSOURI STATE BOARD OF HEALTH
BUREAU OF VITAL STATISTICS
CERTIFICATE OF DEATH 791

13064
Do not use this space.

1. PLACE OF DEATH

(a) County mo Registration District No. 1008
 (b) Township St Louis Primary Registration District No. 1008 Registered No. 3266
 (c) City St Louis (d) Street No. 2948 Washington St. 460 Ronald Taylor
 (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

(a) Residence, No. 2948 Washington St. 21 (If nonresident, give city or town and State)
 (Usual place of abode, if no street address, write county or city)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX Male
 4. COLOR OR RACE C
 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) Jan 26 1940

7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min.
2 12

8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc.
 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) St Louis mo

FATHER 13. NAME Johsen Taylor

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) St Louis mo

MOTHER 15. MAIDEN NAME Frannie

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Carrollville mo

17. INFORMANT (ADDRESS) Frannie Taylor 2948 Washington

18. BURIAL, CREMATION, OR REMOVAL PLACE Father Disposal DATE 4/9/1940

19. FUNERAL DIRECTOR (ADDRESS) A. St. Burges

20. FILED APR 9 1940 St. 3 St.
J. D. Brudsch (Official Registrar)

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) found dead 4/6/40 19

22. I HEREBY CERTIFY, That I attended deceased from 19... to 19...

I last saw h... alive on... 19... Death is said to have occurred on the date stated above, at 9:55 a.m.

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

Being struck by a train
107a
 Other contributory causes of importance: (Primary)

Name of operation 107a Date of...
 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...
 (Signed) W. H. Perry M.D.
 (Address) St. Louis

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.

Not embalmed

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.....

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.)