

No. 2
-11-10-39
-5-17-39
-I X21492

MISSOURI STATE BOARD OF HEALTH
STANDARD CERTIFICATE OF DEATH

26282

State File No. _____
Registrar's No. 1374

Registration District No. 784 Primary Registration District No. 200

1. PLACE OF DEATH:
(a) County St. Louis
(b) City or town Koch
(c) Name of hospital or institution Robert Koch Hospital
(d) Length of stay: In hospital or institution 21 1/2 days
In this community _____
years, months or days

2. USUAL RESIDENCE OF DECEASED:
(a) State Missouri
(b) City or town St. Louis
(c) Street No. 2310 Pine St.
(e) If foreign born, how long in U. S. A. _____ years.

3. (a) PRINT FULL NAME Taylor, Raymond
(b) If veteran, name war no
(c) Social Security No. none

4. Sex Male
5. Color or race Negro
6. (a) Single, widowed, married, divorced, Single
(b) Name of husband or wife _____
(c) Age of husband or wife if alive _____ years
7. Birth date of deceased June 16, 1911
(Month) (Day) (Year)

8. AGE: Years 29 Months 1 Days 3
If less than one day _____ hr. _____ min.

9. Birthplace Pittsburgh Pa
(City, town, or county) (State or foreign country)

10. Usual occupation Hotel Porter

11. Industry or business Hotels

12. Name Frank Taylor
13. Birthplace Waynesborough Va
(City, town, or county) (State, foreign country)
14. Maiden name Bessie Mae Wilson
15. Birthplace Waynesborough Va
(City, town, or county) (State or foreign country)

16. (a) Informant Patent
(b) Address 2310 Pine 7/26/40

17. (a) Buried (b) Date thereof 7/26/40
(Burial, cremation, or removal) (Month) (Day) (Year)
(c) Place: burial or cremation City Cemetery

18. (a) Signature of funeral director David Van Fossen
(b) Address 1515 North 1st St

19. (a) 11/21/40 (b) _____
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION
20. DATE OF DEATH: Month July day 19
year 1940 hour 2 minute 05 A.M.
21. I hereby certify that I attended the deceased from Dec 16, 1939, to July 19, 1940
that I last saw him alive on July 19, 1940
and that death occurred on the date and hour stated above.

Immediate cause of death hemorrhage from lungs
Due to Chronic Pulmonary Tuberculosis
Other conditions _____
(Include pregnancy within 3 months of death)

Major findings: Plural adhesions on thoracoscopy
Of operations _____
Of autopsy _____
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? _____
While at work? _____ (Specify type of place)
(e) Means of injury _____
23. Signature William Stamba (M. D. or other) _____
Address Robert Koch Hosp. Date signed 7/12/40

WRITE PLAINLY—USE UNFADING BLACK INK—MAKE A PERMANENT RECORD

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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 Raymond E. Lehrke, Registered Apprentice No. 7 working under my personal supervision.

Signed Raymond E. Lehrke
City St. Louis 281
Licensed Embalmer No. 3985
P. O. Address St. Louis, Mo

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.