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DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

MISSOURI STATE BOARD OF HEALTH

# STANDARD CERTIFICATE OF DEATH

28263

State File No.

Registration District No. 1734 — Primary Registration District No. 200 — Registrar's No. 1734

FILED SEP 8 1942

**1. PLACE OF DEATH:**

(a) County ST. LOUIS

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

(c) Name of hospital or institution: ROBERT KOCH HOSPITAL (If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution 568 DAYS (Specify whether years, months or days)

In this community SAME

**2. USUAL RESIDENCE OF DECEASED:**

(a) State MISSOURI (b) County NONE

(c) City or town ST. LOUIS (If outside city or town limits, write "RURAL")

(d) Street No. 20 SOUTH 22 ND. (If rural, give location)

(e) Citizen of foreign country? NO (Yes or No)

If yes, name country

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**3. (a) PRINT FULL NAME** LOUIS TAYLOR

3. (b) If veteran, name war NONE

3. (c) Social Security No. NONE

4. Sex MALE

5. Color or race NEGRO

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

6. (b) Name of husband or wife ALICE TAYLOR

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

7. Birth date of deceased DECEMBER 17, 1911 (Month) (Day) (Year)

| 8. AGE: Years | Months | Days | If less than one day |
|---|---|---|---|
| 30 | 7 | 24 | hr. min. |

9. Birthplace LITTLE ROCK, ARKANSAS (City, town, or county) (State or foreign country)

10. Usual occupation PIPE LAYER

11. Industry or business NONE

FATHER
12. Name BERT TAYLOR
13. Birthplace S (City, town, or county) 9 (State or foreign country)

MOTHER
14. Maiden name AMIE POPPS
15. Birthplace MONTGOMERY (City, town, or county) ALABAMA (State or foreign country)

16. (a) Informant PATIENT

(b) Address 20 S. 22nd St

17. (a) BURIAL (Burial, cremation, or removal) (b) Date thereof 8-18-42 (Month) (Day) (Year)

(c) Place: burial or cremation Greenwood

18. (a) Signature of funeral director Bennie Love

(b) Address 3103 Washington

19. (a) AUG 18 1942 (Date received by local registrar) (b) E. G. McGuire M.D. (Registrar's signature)

**MEDICAL CERTIFICATION**

20. DATE OF DEATH: Month AUGUST day 11 year 1942 hour 4 minute 00 A.M.

21. I hereby certify that I attended the deceased from AUGUST 5, 1941, to AUGUST 11, 1942 that I last saw him alive on AUGUST 10, 1942 and that death occurred on the date and hour stated above.

| | Duration |
|---|---|
| Immediate cause of death PULMONARY TUBERCULOSIS | 16 MOS. (?) |
| Due to | |
| Due to | |
| Other conditions ANAL FISTULA (Include pregnancy within 3 months of death) | 13 YRS. |
| INTESTINAL TUBERCULOSIS | |

Major findings:
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? (Specify type of place)

While at work? (e) Means of injury

23. Signature Glen A. Turner (M. D. ~~or other~~)

Address Robert Koch Hosp., Koch, Mo. Date signed 8-11-42

(Licensed Embalmer's Statement on Reverse Side)

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

96
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No. 9

## 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 Melvin Blackburn

Licensed Embalmer No. 3962

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, fact should be so stated above.**