

FILED FEB 27 1944

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

1000
Do not use this space.

1. PLACE OF DEATH

(a) County..... Registration District No. **318**
(b) Township..... Primary Registration District No. **1003**
(c) City **St. Louis** (d) Street No. **Missouri Baptist Hospital** Registered No. **515**
(If death occurred in Hospital or Institution, write its name instead of street and number) St. **NR**
(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.

2. PRINT FULL NAME **Sterling Taylor**

(a) Residence, No. St. **Bismarck, 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 **Male** 4. COLOR OR RACE **White** 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) **Married**

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF **Laura Jane Taylor**

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) **Dec. 28 1885**

7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min.
58 0 17

OCCUPATION 8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc. **Deisel Engineer**
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) **Unknown, Missouri**

FATHER 13. NAME **George Washington Taylor**

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) **Unknown**

MOTHER 15. MAIDEN NAME **Georgia Ann Mitchell**

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) **Unknown**

17. INFORMANT **Christine Taylor**
(ADDRESS) **1394 Blackstone Ave.**

18. BURIAL, CREMATION, OR REMOVAL
PLACE **Bismarck Mo** DATE **1-17-44**

19. FUNERAL DIRECTOR **Albert H. Hoppe, Inc.**
(ADDRESS) **4700 Washington Blvd.**

20. FILED **JAN 18 1944** **J. R. Bredbeck**
Local Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) **Jan. 15** 19**44**

22. I HEREBY CERTIFY That I attended deceased from **Dec. 31**, 19**43**, to **Jan. 15**, 19**44**

I last saw h. l. a. alive on **Jan. 15**, 19**44**. Death is said to have occurred on the date stated above, at **11:40A** m.

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

Infarction of Myocardium

Date of onset

8 hrs.

Other contributory causes of importance:

**Coronary heart failure
Undernutrition
Hypotension**

Name of operation..... Date of.....

What test confirmed diagnosis?..... Was there an autopsy?.....

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? **No**

If so, specify

(Signed) **Ray David Williams**, M. D.

(Address) **114 N. Taylor (E.), St. Louis, Mo.**

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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,
working under my personal supervision.

Signed

John Agarowski
.....
Licensed Embalmer No. *2396*

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to complete the above constitutes grounds for revocation of license.)