JUL 29 1927

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

Do not use this space.

19364

1. PLACE OF DEATH
County: Stlouis — Registration District No.: 788 — File No.: ✓
Township: — Primary Registration District No.: 14471 — Registered No.: 44
City: Webster Groves Mo (No. 477, Oak St. St. Ward)

2. FULL NAME: Horatio Nelson Saylor
(a) Residence. No. St., Ward. (Usual place of abode) (If nonresident give city or town and State)
Length of residence in city or town where death occurred yrs. mos. ds. How long in U.S., if of foreign birth? yrs. mos. ds.

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: Sarah A Saylor

6. DATE OF BIRTH (MONTH, DAY AND YEAR): Mch 30-1853.

7. AGE: Years 74 — Months 2 — Days 3 — If LESS than 1 day, hrs. or min.

8. OCCUPATION OF DECEASED
(a) Trade, profession, or particular kind of work: Clerk
(b) General nature of industry, business, or establishment in which employed (or employer): Loan Co
(c) Name of employer

9. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): Indiana

PARENTS
10. NAME OF FATHER: Jacob Saylor.
11. BIRTHPLACE OF FATHER (CITY OR TOWN) (STATE OR COUNTRY): Dont Know.
12. MAIDEN NAME OF MOTHER: J Harrison.
13. BIRTHPLACE OF MOTHER (CITY OR TOWN) (STATE OR COUNTRY): Dont Know.

14. INFORMANT: Sarah A Saylor
(Address) 477 Oak St - Webster Groves Mo

15. FILED 6-3, 1927, Arthur H Westrup, Registrar
per Elsie Henson

MEDICAL CERTIFICATE OF DEATH

2

16. DATE OF DEATH (MONTH, DAY AND YEAR): June 3 1927

17. I HEREBY CERTIFY, That I attended deceased from June 1, 1926, to June 3, 1927, that I last saw him alive on June 2, 1927, and that death occurred, on the date stated above, at 12:45 a.m.

THE CAUSE OF DEATH* WAS AS FOLLOWS:
131 Valvular Disease of the Heart
(duration) yrs. mos. ds.
CONTRIBUTORY (SECONDARY): Chr. Intstit. Nephritis
(duration) 5 yrs. mos. ds.

18. WHERE WAS DISEASE CONTRACTED IF NOT AT PLACE OF DEATH? 129 W
DID AN OPERATION PRECEDE DEATH? no DATE OF
WAS THERE AN AUTOPSY? no
WHAT TEST CONFIRMED DIAGNOSIS? auscultation
(Signed) D J Grimsgan M.D.
, 1927 (Address) 618 Mo Th Bldg

*State the DISEASE CAUSING DEATH, or in deaths from VIOLENT CAUSES, state (1) MEANS AND NATURE OF INJURY, and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

19. PLACE OF BURIAL, CREMATION, OR REMOVAL: Zion Cem — DATE OF BURIAL: 6-5 1927

20. UNDERTAKER: Weick Bros — ADDRESS: 2201 So Grand Blvd

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.

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

ALL INFORMATION CALLED FOR MUST BE WRITTEN ON THIS SUPPLEMENTARY.

1. PLACE OF DEATH
County: St. Louis — Registration District No.: 788 — File No.:
Township: — Primary Registration District No.: 4471 — Registered No.: 44
City: Webster Groves (No.) St. Ward)

2. FULL NAME: Fonatis Nelson Saylor

(a) Residence. No. St., Ward.
(Usual place of abode) (If nonresident give city or town and State)

Length of residence in city or town where death occurred yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: M
4. COLOR OR RACE: W
5. SINGLE, MARRIED, WIDOWED OR DIVORCED (*write* the word): M

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF

6. DATE OF BIRTH (MONTH, DAY AND YEAR)

7. AGE — YEARS | MONTHS | DAYS | If LESS than 1 day, ...hrs. or ....min.

8. OCCUPATION OF DECEASED
(a) Trade, profession, or particular kind of work
(b) General nature of industry, business, or establishment in which employed (or employer)
(c) Name of employer

9. BIRTHPLACE (CITY OR TOWN)
(STATE OR COUNTRY)

PARENTS
10. NAME OF FATHER
11. BIRTHPLACE OF FATHER (CITY OR TOWN)
(STATE OR COUNTRY)
12. MAIDEN NAME OF MOTHER: Liza Jane Curtis
13. BIRTHPLACE OF MOTHER (CITY OR TOWN): Ohio
(STATE OR COUNTRY)

14. INFORMANT
(Address)

15. FILED 8-18 1927 — Arthur H. Freund, Registrar, per Elsie Henson

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR): June 3 1927

17. I HEREBY CERTIFY, That I attended deceased from ....., 19..., to ....., 19..., that I last saw h... alive on ....., 19..., and that death occurred, on the date stated above, at ....m.

THE CAUSE OF DEATH* WAS AS FOLLOWS:

.....(duration)....yrs. ....mos. ....ds.

CONTRIBUTORY (SECONDARY) .....(duration)....yrs. ....mos. ....ds.

18. WHERE WAS DISEASE CONTRACTED IF NOT AT PLACE OF DEATH?
DID AN OPERATION PRECEDE DEATH? ..... DATE OF
WAS THERE AN AUTOPSY?
WHAT TEST CONFIRMED DIAGNOSIS?
(Signed) D. F. Trumm M.D., M.D.
, 19 (Address) 618 Mo Thea Bldg.

*State the DISEASE CAUSING DEATH, or in deaths from VIOLENT CAUSES, state (1) MEANS AND NATURE OF INJURY, and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

19. PLACE OF BURIAL, CREMATION, OR REMOVAL | DATE OF BURIAL 19

20. UNDERTAKER | ADDRESS

SUPPLEMENTARY

N. B.— ...ery item ... carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEAT... so that it may be properly classified. Exact statement of OCCUPATION is very important.

REGISTRARS SHALL NOT RECEIVE A FEE FOR CERTIFICATES UNTIL THEY ARE COMPLETE AS PRESCRIBED BY LAW

...S IS A PERMANENT RECORD

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