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

APR 25 1936

Do not use this space.

13528

1. PLACE OF DEATH
County St Louis
Township ~~Koch~~ Delet
City Koch Mo (No. Koch Hospital St. Ward)

Registration District No. 1123
Primary Registration District No. 6248B

File No.
Registered No. 110

2. FULL NAME Edward Taylor
(a) Residence, No. No home 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) Widower

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Jan 30, 1882

7. AGE YEARS 54 MONTHS 1 DAYS 15 If LESS than 1 day, ...hrs. or ....min.

OCCUPATION
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Unemployed
9. Industry or business in which work was done, as silk mill, 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) Chicago, Ill.

FATHER
13. NAME George Taylor
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Illinois

MOTHER
15. MAIDEN NAME Sarah Donovan
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Illinois

17. INFORMANT (ADDRESS) Koch Hospital Records

18. BURIAL, CREMATION, OR REMOVAL
PLACE Chicago-Ill. DATE 3 18 1936

19. UNDERTAKER (ADDRESS) A H Hoppe 429 N Euclid

20. FILED Mar. 17 1936 G Mowry Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Mar 14, 1936

22. I HEREBY CERTIFY, That I attended deceased from Sept 16, 1935, to Mar 14, 1936
I last saw him alive on Mar 10, 1936 Death is said to have occurred on the date stated above, at 11:20 P.
The principal cause of death and related causes of importance were as follows:

	Date of onset
Chr. Pul tuberculosis	1931
Pulmonary Haemorrhage	

Other contributory causes of importance:

Name of operation X-Ray Date of
What test confirmed diagnosis? Sputum 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? no
If so, specify.
(Signed) Aaron E. Landy, M. D.
(Address) Koch Hospital
Koch, Mo.