NOV 21 1938 DEC 8 1930

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

40419
Do not use this space.

1. PLACE OF DEATH
(a) County Saint Louis — Registration District No. 784
(b) Township Carondelet — Primary Registration District No. 200 — Registered No. 1890
(c) City ~~Jefferson Barracks~~ — (d) Street No. VAm Facility St.
(If death occurred in Hospital or Institution, write its name instead of street and number)
(e) Length of residence in city or town where death occurred yrs. mos. ds. Unkn. (f) How long in U. S., if of foreign birth? yrs. mos. ds.

2. PRINT FULL NAME Fred Taylor
(a) Residence, No. 2514-a Cora Avenue, St. Louis, Mo. St.
(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: Colored
5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (*write* the word): Single
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF --
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) July 12, 1891
7. AGE: YEARS 47 — MONTHS 4 — DAYS 5 — If LESS than 1 day, ... hrs. or ..... min.

OCCUPATION
8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc. Waiter
9. Industry or business in which work was done, as saw mill, bank, etc. Hotel
10. Date deceased last worked at this occupation (month and year) About 2 weeks ago.
11. Total time (years) spent in this occupation 10 yrs.

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Saint Louis, Missouri.

FATHER
13. NAME John Taylor
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) -- Tennessee

MOTHER
15. MAIDEN NAME Melissa Davis
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) - Tennessee

17. INFORMANT (ADDRESS) Clinical Clerk, VAF Jefferson Barracks, Missouri. McCabe

18. BURIAL, CREMATION, OR REMOVAL
PLACE National Cem. DATE Nov. 21, 1938

19. FUNERAL DIRECTOR (ADDRESS) Charles J. Gates 4107 Finney Avenue

20. FILED NOV 21 1938, 19 T R Meyer M D Dr PH Local Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) November 17, 1938

22. I HEREBY CERTIFY, That I attended deceased from November 15, 1938 to November 17, 1938
I last saw him alive on November 17, 1938. Death is said to have occurred on the date stated above, at 11:50Am.
The principal cause of death and related causes of importance were as follows:

	Date of onset
Appendicitis, acute, ruptured, with generalized peritonitis.	8 days ago
Other contributory causes of importance: Paralytic Ileus	5 days ago

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Name of operation Appendectomy with drainage Date of 11/15/38
What test confirmed diagnosis? Phy. clinical manif. and laboratory 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? .....
If so, specify .....
(Signed) C. W. HUGHES, Chief Med. Officer, M. D.
(Address) VAF Jefferson Barracks, Missouri.

(Licensed Embalmer's Statement on Reverse Side)

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.

STATEMENT BY LICENSED EMBALMER

I, James A. Johnson, Licensed Embalmer No. 3522

hereby certify that the body recorded on the reverse side of this certificate was embalmed by Self

L. E.

No. or by , Registered Apprentice No.

working under my personal supervision.

Signed James A. Johnson

4107 Finney Avenue

Licensed Embalmer No. 3522

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.)