

MAR 2 1939
 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.

1939 ^{REC'D} MAR 9 1939

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

7901
 Do not use this space.

1. PLACE OF DEATH

(a) County St. Louis County | Registration District No. 784
 (b) Township Carondelet | Primary Registration District No. 202 Registered No. 380
 (c) City Jefferson Bks., Mo. (d) Street No. Veterans Adminis. 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 46 Unavailable (f) How long in U. S., if of foreign birth? yrs. mos. ds.

2. PRINT FULL NAME

Forest Taylor
 (a) Residence, No. 4550 Garfield Av., St. Louis, Mo. (If nonresident, give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

MEDICAL CERTIFICATE OF DEATH

3. SEX male 4. COLOR OR RACE colored 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) married

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Feb. 28, 1939

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

22. I HEREBY CERTIFY, That I attended deceased from Jan. 21, 1939, to Feb. 28, 1939.

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Nov. 20, 1895

I last saw him alive on Feb. 28, 1939. Death is said to have occurred on the date stated above, at 6:40 A.M.
 The principal cause of death and related causes of importance were as follows:

7. AGE YEARS MONTHS DAYS IF LESS than 1 day,hrs. ormin.
43 3 8

Tuberculosis, pulmonary, far advanced, with cavitation, both upper lobes.

OCCUPATION 8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc. Proprietor, Pool Room.
 9. Industry or business in which work was done, as saw mill, bank, etc. Unknown.
 10. Date deceased last worked at this occupation (month and year) Unknown. 11. Total time (years) spent in this occupation unknown

Date of onset unkn.

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Bonner Springs, Kansas

Other contributory causes of importance: none.

FATHER 13. NAME Charlie Taylor,

Name of operation none Date of NO.

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Montgomery County, Missouri.

What test confirmed diagnosis? Phys. exam, X-ray findings, lab. findings. Was there an autopsy? NO.

MOTHER 15. MAIDEN NAME Luvane Smith,

23. If death was due to external causes (violence), fill in also the following: Accident, suicide, or homicide? Date of injury 19

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Wellsville, Mo.

Where did injury occur? (Specify city or town, county, and State)
 Specify whether injury occurred in industry, in home, or in public place.

17. INFORMANT (NAME) (ADDRESS) Mrs. Stella Taylor, Vet. Adm. Facility, Jefferson Barracks, Missouri.

Manner of injury
 Nature of injury

18. BURIAL, CREMATION, OR REMOVAL PLACE National Cem. DATE Mar. 4, 1939

24. Was disease or injury in any way related to occupation of deceased? If so, specify Yes - Pulmonary

19. FUNERAL DIRECTOR (NAME) (ADDRESS) Gates Funeral Home, 4107 Finney Ave., St. Louis, Missouri

(Signed) C. W. Hughes, M.D., Ch. Med. Officer,
 (Address) Vet. Adm. Fac., Jeff. Bks., Mo.

20. FILED MAR 2 1939 J. R. Meyer

JAN 3 1941

STATEMENT BY LICENSED EMBALMER

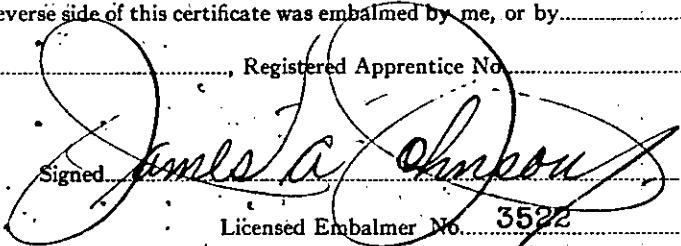
I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me, or by.....

..... **James A. Johnson**

working under my personal supervision.

....., Registered Apprentice No.....

Signed.....



Licensed Embalmer No. **3522**

P. O. Address **4107 Finney Avenue**

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

If this body is not embalmed, above space should be left blank.