

15 1939

MAY 11 1935

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

16198
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
(c) City Jefferson Barracks or St. Louis Street No. Vet Shop St.
(d) Unkn. (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. (f) How long in U.S., if of foreign birth? yrs. mos. ds.

2. PRINT FULL NAME 115 TAPLIN, ROY
(a) Residence, No. 1329a Wash Street, Saint Louis St. 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 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) December 17, 1887

7. AGE YEARS MONTHS DAYS If LESS than 1 day,hrs. ormin.
51 3 25

8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc. laborer
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) Saint Louis
(STATE OR COUNTRY) Missouri

13. NAME Joseph Taplin

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

15. MAIDEN NAME Marth Branch

16. BIRTHPLACE (CITY OR TOWN) St. Louis
(STATE OR COUNTRY) Missouri

17. INFORMANT Clinical Laboratory Jefferson Barracks, Missouri
(ADDRESS)

18. BURIAL, CREMATION, OR REMOVAL PLACE National Cem. DATE 4/17/39 19

19. FUNERAL DIRECTOR (NAME) Mary Wade
(ADDRESS) 4202 Finney Ave.

20. FILED APR 15 1939 T. P. Meyer, M.D., H. Local Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) April 12, 19 39

22. I HEREBY CERTIFY, That I attended deceased from April 1, 19 39 to April 12, 19 39
I last saw him alive on April 12, 19 39. Death is said to have occurred on the date stated above, at 10:49 PM
The principal cause of death and related causes of importance were as follows:

Bronchiectasis, right lung with secondary lung abscess. Date of onset Unkn.

Other contributory causes of importance: 106B
Bronchitis, chronic, with severe, acute, exacerbation. Unkn.

Name of operation None Date of -
Phys. clinical manif. and lab. -
What test confirmed diagnosis? - 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, Mo.

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

....., Registered Apprentice No.....
working under my personal supervision.

Signed.....

Licensed Embalmer No. *2698*

P. O. Address *2769 Charlotte*

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.)

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