

MISSOURI STATE BOARD OF HEALTH  
STANDARD CERTIFICATE OF DEATH

Registration District No. 791

Primary Registration District No. \_\_\_\_\_

Registrar's No. 9004

1. PLACE OF DEATH: 1003 NOV 13 1939

(a) County \_\_\_\_\_

(b) City or town St. Louis, Missouri  
(If outside city or town limits, write "RURAL" and name of township)

(c) Name of hospital or institution: City Hospital, #1  
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution 7 Days (Specify whether \_\_\_\_\_)

In this community 69 Years. (Specify whether \_\_\_\_\_)

2. USUAL RESIDENCE OF DECEASED:

(a) State Mo. (b) County 1

(c) City or town St. Louis. (If outside city or town limits, write "RURAL") 19

(d) Street No. 3754 Westminster Place. (If rural, give location)

(e) If foreign born, how long in U. S. A.? \_\_\_\_\_ years.

3. (a) PRINT FULL NAME James Talbot 413

3. (b) If veteran, name war \_\_\_\_\_ 3. (c) Social Security No. \_\_\_\_\_

4. Sex Male. 5. Color or race White 6. (a) Single, widowed, married, divorced Single

6. (b) Name of husband or wife \_\_\_\_\_ 6. (c) Age of husband or wife if alive \_\_\_\_\_ years

7. Birth date of deceased February 11 1870  
(Month) (Day) (Year)

8. AGE: Years Months Days If less than one day

<u>69</u>	<u>8</u>	<u>11</u>	hr. _____ min.
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9. Birthplace St. Louis. (City, town, or country) (State or foreign country)

10. Usual occupation Bartender.

11. Industry or business \_\_\_\_\_

12. Name James Talbot.

13. Birthplace Canada. (City, town, or country) (State or foreign country)

14. Maiden name Johanna Canary. (City, town, or country) (State or foreign country)

15. Birthplace Ireland. (City, town, or country) (State or foreign country)

16. (a) Informant's own signature W. Rogers  
(b) Address 6644 Elmer Ave

17. (a) Burial (b) Date thereof 10-24-39  
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Calvary Cemetery

18. (a) Signature of funeral director: Arthur J. Donnelly  
(b) Address 3840 Lindell St. Blvd

19. (a) OCT 23 1939 (Date received local registrar) (b) Registrar's signature J. B. Butler

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month October day 22, year 1939 hour 4:43 minute \_\_\_\_\_ A. M.

21. I hereby certify that I attended the deceased from October 16, 1939 to October 22, 1939 and that death occurred on the date and hour stated above.

Immediate cause of death \_\_\_\_\_ Duration \_\_\_\_\_

Coronary artery Thrombosis?  
Carcinoma Right Lung

Due to \_\_\_\_\_

Due to \_\_\_\_\_

Other conditions \_\_\_\_\_ (Include pregnancy within 3 months of death)

Major findings: \_\_\_\_\_ PHYSICIAN \_\_\_\_\_

Of operations \_\_\_\_\_

Of autopsy \_\_\_\_\_

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22. If death was due to external causes, fill in the following:

(a) Accident, suicide, or homicide (specify) \_\_\_\_\_

(b) Date of occurrence \_\_\_\_\_

(c) Where did injury occur? \_\_\_\_\_ (City or town) (County) (State)

(d) Did injury occur in or about home, on farm, in industrial place, in public place? \_\_\_\_\_

While at work? \_\_\_\_\_ (Specify type of place) (e) Means of injury \_\_\_\_\_

23. Signature Harold Freedman (M. D. or other) \_\_\_\_\_

Address 1515 Lafayette, 10/27/39

WRITE PLAINLY—USE UNFADING BLACK INK—MAKE A PERMANENT RECORD

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.

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**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 Alfred J. Boedeker

Licensed Embalmer No. 2663

P. O. Address 4204 Franice Ave

**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.**