

FILED FEB 25 1941

Registration District No. **791**

Primary Registration District No. **1003**

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

1. PLACE OF DEATH:

(a) County.....
(b) City or town **St. Louis**
(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..... (Specify whether
In this community..... years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State **Missouri** (b) County.....
(c) City or town **St. Louis**
(If outside city or town limits, write "RURAL")
(d) Street No. **4122 Delmar**
(If rural, give location)
(e) If foreign born, how long in U. S. A.?..... years.

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month **Jan.** day **21**
year **1941** hour **2:10** minute **P** M.

21. I hereby certify that I attended the deceased from.....
....., 19....., to....., 19.....;
that I last saw him..... alive on....., 19.....;
and that death occurred on the date and hour stated above.

Immediate cause of death **Traumatic hemorrhage due to fracture of skull when he slipped & fell at the Due to Chestnut Street Car 15th 1941 about 3:30 P.M.**
Due to.....
Due to.....

Other conditions (Include pregnancy within 3 months of death)

Major findings: Of operations
Of autopsy
PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide (specify) **Accident**
(b) Date of occurrence **Jan 21 1941**
(c) Where did injury occur? **St. Charles Mo**
(City or town) (County) (State)
(d) Did injury occur in or about home, on farm, in industrial place, in public place?
(Specify type of place) **Public Place**
While at work? **3** Means of injury **3**
23. Signature **W. J. Schnur** (M. D. or other)
Address **3125 Lafayette** Date signed **1/23/41**

3. (a) PRINT FULL NAME **Oscar Talley**

3. (b) If veteran, name war **none** 3. (c) Social Security No. **none**

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

6. (b) Name of husband or wife **Anna Talley** 6. (c) Age of husband or wife if alive **63** years

7. Birth date of deceased **July 26 1871**
(Month) (Day) (Year)

8. AGE:	Years	Months	Days	If less than one day
	69	5	26	hr. min.

9. Birthplace **St. Charles Missouri**
(City, town, or county) (State or foreign country)

10. Usual occupation **nil**

11. Industry or business

12. Name **Mike Talley**

13. Birthplace **Unknown**
(City, town, or county) (State or foreign country)

14. Maiden name **Rosie Danning**

15. Birthplace **Germany**
(City, town, or county) (State or foreign country)

16. (a) Informant **Miss Florence Talley**

(b) Address **406 N. 3rd St. Charles Mo.**

17. (a) **Burial** (b) Date thereof **1/23/41**
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation **St. Matthews Cem.**

18. (a) Signature of funeral director **W. J. Schnur**
(b) Address **E. J. Schnur 3125 Lafayette**

19. (a) **JAN 23 1941** (b) **W. J. Schnur**
(Date received local registrar) (Registrar's signature)

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.....

Joe Bollmer

Licensed Embalmer No. *4014*

P. O. Address *3125 Lafayette*

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, fact should be so stated above.