No. 2
-1-4-41
5-17-39
I X26390

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

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

MISSOURI STATE BOARD OF HEALTH

STANDARD CERTIFICATE OF DEATH

State File No. 36679

Registration District No. DEC 22 1941 791

Primary Registration District No. 1003

Registrar's No. 8909

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:
3601 Paris Ave.
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution (Specify whether
In this community 25 Years
years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County 17

(c) City or town St. Louis 9/0
(If outside city or town limits, write "RURAL") 0

(d) Street No. 3601 Paris Ave.
(If rural, give location)

(e) Citizen of foreign country? (Yes or No)

If yes, name country

3. (a) PRINT FULL NAME Marie Tallman

3. (b) If veteran, name war -

3. (c) Social Security No. -

4. Sex Female

5. Color or race White

6. (a) Single, widowed, married, divorced Married

6. (b) Name of husband or wife Oscar

6. (c) Age of husband or wife if alive 61 years

7. Birth date of deceased December (Month) 6 (Day) 1890 (Year)

8. AGE: Years 50 | Months 11 | Days 3 | If less than one day hr. min.

9. Birthplace unknown (City, town, or county) Illinois (State or foreign country)

10. Usual occupation Home

11. Industry or business

FATHER
12. Name James Piliher
13. Birthplace unknown (City, town, or county) Illinois (State or foreign country)

MOTHER
14. Maiden name unknown
15. Birthplace unknown (City, town, or county) unknown (State or foreign country)

16. (a) Informant Oscar Tallman
(b) Address 3601 Paris Ave.

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 11-12-41 (Month) (Day) (Year)
(c) Place: burial or cremation New St. Marcus Cemetery

18. (a) Signature of funeral director Hecker-Sieberle Und & Fin Co
(b) Address 3634 Gravois Ave.

19. (a) NOV 10 1941 (Date received local registrar) J. F. Bradeck (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Nov. day 9 th.
year 1941 hour 11 minute 00 A. M.

21. I hereby certify that I attended the deceased from March 14, 1941, to 11-9, 1941;
that I last saw him alive on 11-9, 1941;
and that death occurred on the date and hour stated above.

	Duration
Immediate cause of death Luetic heart disease	
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)
(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?
(Specify type of place)
While at work? (e) Means of injury

23. Signature H. L. Joslyn (M. D. or other)
Address 3903 Olive Date signed 11-10-41

(Licensed Embalmer's Statement on Reverse Side)

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 Robert Cwheeler

Licensed Embalmer No. 2128

P. O. Address So Lowndes

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

If this body is not embalmed, fact should be so stated above.