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
FILED DEC 1 1941

MISSOURI STATE BOARD OF HEALTH
STANDARD CERTIFICATE OF DEATH

39555

State File No.

Registration District No. 784 Primary Registration District No. 115 Registrar's No. 2357

1. PLACE OF DEATH:
(a) County St. Louis,
(b) City or town University City,
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: 7287 Delmar Blvd.,
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution ____ (Specify whether years, months or days)
In this community Life time. /

2. USUAL RESIDENCE OF DECEASED:
(a) State Missouri (b) County St. Louis
(c) City or town University City,
(If outside city or town limits, write "RURAL")
(d) Street No. 7287 Delmar Blvd.,
(If rural, give location)
(e) Citizen of foreign country? No (Yes or No)
If yes, name country

3. (a) PRINT FULL NAME Laura Herthel Talbot,
3. (b) If veteran, name war None
3. (c) Social Security No. None
4. Sex Female
5. Color or race White
6. (a) Single, widowed, married, divorced Widowed
6. (b) Name of husband or wife Harry J. Talbot,
6. (c) Age of husband or wife if alive ____ years
7. Birth date of deceased December 15, 1860 (Month) (Day) (Year)

8. AGE: Years	Months	Days	If less than one day
80	11	5	____ hr. ____ min.

9. Birthplace St. Louis, (City, town, or county) Missouri (State or foreign country)
10. Usual occupation Housewife,
11. Industry or business
FATHER 12. Name Nicholas Herthel,
FATHER 13. Birthplace ____ (City, town, or county) Germany, (State or foreign country)
MOTHER 14. Maiden name Unknown,
MOTHER 15. Birthplace Unknown (City, town, or county) (State or foreign country)
16. (a) Informant John C. Talbot
(b) Address 7314 Hoover Ave,
17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 11/22/41 (Month) (Day) (Year)
(c) Place: burial or cremation Bellefontaine Cem.
18. (a) Signature of funeral director Wagoner Und. Co.
(b) Address 3621 Olive St.
19. (a) 11-21-41 (Date received local registrar) (b) C. D. McGavran M.D. (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month November day 20th year 1941 hour 10 minute 30 A.M.
21. I hereby certify that I attended the deceased from Nov. 17th, 1941, to Nov 20th, 1941; that I last saw her alive on Nov. 20th, 1941; and that death occurred on the date and hour stated above.

Immediate cause of death	Duration
Cerebral Hemorrhage	3 days
Due to Chronic Cardio-Vascular Renal disease with	
Due to Hypertension	
Remitly	
Other conditions (Include pregnancy within 3 months of death)	

Major findings:
Of operations ✓
Of autopsy no

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? –
While at work? (Specify type of place) (e) Means of injury –
23. Signature Harold Jost M.D. (M. D. or other)
Address 28/6 Lindell Blvd Date signed 11/21/41

(Licensed Embalmer's Statement on Reverse Side)

2.8.16 Sutton
H & Ott

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 Neville B. Frohwitter

Licensed Embalmer No. 3696

P. O. Address 3621 Olive St.

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

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