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5-17-39
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DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

FILED FEB 1 1943

MISSOURI STATE BOARD OF HEALTH

STANDARD CERTIFICATE OF DEATH

1003

State File No. 811

Registration District No. 318

Primary Registration District No.

Registrar's No. 582

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

1. PLACE OF DEATH:

(a) County

(b) City or town ST. LOU (If outside city or town limits, write "RURAL" and name of township)

(c) Name of hospital or institution: HOMER OG Phillips HOSPITAL (If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution 1 DAY. (Specify whether years, months or days) In this community 15 yrs.

2. USUAL RESIDENCE OF DECEASED:

(a) State Mo (b) County 000 17

(c) City or town ST LOUIS 9 (If outside city or town limits, write "RURAL")

(d) Street No. 4220 W. Belle Pl. (If rural, give location)

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

If yes, name country 0

3. (a) PRINT FULL NAME William Talbert

3. (b) If veteran, name war No

3. (c) Social Security No. No

4. Sex Male

5. Color or race C

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 9 (Month) 12 (Day) 1891 (Year)

8. AGE: Years 51 Months 4 Days 29 If less than one day hr. min.

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

10. Usual occupation Laborer.

11. Industry or business

FATHER
12. Name UNKNOWN
13. Birthplace " " (City, town, or county) 9 (State or foreign country)

MOTHER
14. Maiden name " "
15. Birthplace " " (City, town, or county) 9 (State or foreign country)

16. (a) Informant Mary Menears

(b) Address 4220 W. Belle Pl

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 1-28-43 (Month) (Day) (Year)

(c) Place: burial or cremation Greenwood

18. (a) Signature of funeral director Bennie Love

(b) Address 3103 Washington

19. (a) JAN 20 1943 (Date received local registrar) (b) J. F. Breeck (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Jan day 17 year 1943 hour 4 minute 20 P.M.

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

Immediate cause of death Acute Intestinal Obstruction with Peritonitis

Due to Strangulated Right Inguinal Hernia

Due to

Other conditions (Include pregnancy within 3 months of death)

Major findings: Of operations

Of autopsy

Duration

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 Alfred Perry 3 (M.D. or other)

Address Jesse Gibson Date signed 1/15/43

(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 Harry E. Jolley

Licensed Embalmer No. 4078

P. O. Address St. Louis Mo

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.