S. No. 2
—12-45
5-17-39
X47070

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

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

FILED NOV 24 1948

Registration District No. 318

THE STATE BOARD OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH

Primary Registration District No. 1003

State File No. 38690

Registrar's No. 9866

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: St Louis Childrens Hospital
(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 MO (b) County St Louis 96

(c) City or town Overland 13
(If outside city or town limits, write "RURAL")

(d) Street No. 2230 Wengler 1
(If rural, give location)

(e) Citizen of foreign country? NR. (Yes or No) 1

If yes, name country

3. (a) PRINT FULL NAME Allen Ray Talbott

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 Single

6. (b) Name of husband or wife

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

7. Birth date of deceased Nov (Month) 10 (Day) 1948 (Year)

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

9. Birthplace St Louis (City, town, or county) MO (State or foreign country)

10. Usual occupation nil

11. Industry or business

FATHER
12. Name Clarence E. Talbott
13. Birthplace Hannibal (City, town, or county) MO (State or foreign country)

MOTHER
14. Maiden name Ada Pearl Berkley
15. Birthplace Hopedale (City, town, or county) Ill (State or foreign country)

16. (a) Informant Clarence E Talbott
(b) Address 2230 Wengler

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 11-15-48 (Month) (Day) (Year)

(c) Place: burial or cremation Mt Lebanon

18. (a) Signature of funeral director Baum Brothers
(b) Address Overland MO

19. (a) NOV 15 1948 (Date received local registrar) (b) J. B. Lasater (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month November day 13
year 48 hour 1 minute 20 p.m.

21. I hereby certify that I attended the deceased from 11-13-1948 to 11-13-1948
that I last saw him alive on 11-13-1948
and that death occurred on the date and hour stated above.

Immediate cause of death Erythroblastosis fetalis.

Due to

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.

161 e

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 Don L Thurston (M.D. or other)

Address Date signed

(Licensed Embalmer's Statement on Reverse Side)

9986

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 David E. Gibson

Licensed Embalmer No. 3457

P. O. Address Overland 14, M

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.