

FILED APR 21 1954

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

State File No. **14165**  
Registrar's No. **3059**

BIRTH NO. \_\_\_\_\_ REG. DIST. NO. **318** PRIMARY REG. DIST. NO. **1003**

1. PLACE OF DEATH a. COUNTY _____		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE <b>Missouri</b> b. COUNTY _____	
b. CITY (If outside corporate limits, write RURAL and give township) <b>St. Louis, Missouri</b>	c. LENGTH OF STAY (In this place) <b>1 Day</b>	c. CITY OR TOWN <b>St. Louis, Mo.</b>	d. Is Residence within limits of a city or incorporated town? Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
d. FULL NAME OF HOSPITAL OR INSTITUTION <b>Firmin Desloge Hospital</b>		STREET ADDRESS (If rural, give location) <b>4209 A. Blaine</b>	

3. NAME OF DECEASED (Type or Print) a. (First) <b>Leslie</b> b. (Middle) <b>Emil</b> c. (Last) <b>Talley</b>			4. DATE OF DEATH (Month) (Day) (Year) <b>April 4, 1954</b>		
5. SEX <b>Male</b>	6. COLOR OR RACE <b>White</b>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <b>Married</b>	8. DATE OF BIRTH <b>March 26, 1888</b>	9. AGE (In years last birthday) <b>66</b>	IF UNDER 1 YEAR Months _____ Days _____ IF UNDER 1 HRS. Hours _____ Min. _____
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <b>Shoe Worker</b>		10b. KIND OF BUSINESS OR INDUSTRY <b>Retired</b>	11. BIRTHPLACE (City and State or Foreign Country) <b>Tenn.</b>		12. COUNTRY OF WHAT COUNTRY? <b>U.S.A.</b>

13a. FATHER'S NAME <b>Edward Talley</b>		13b. MOTHER'S MAIDEN NAME <b>Margaret Taylor</b>		14. NAME OF HUSBAND OR WIFE <b>Gladys Talley</b>	
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15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <b>No</b>	16. SOCIAL SECURITY NO. <b>492-01-6583</b>	17. INFORMANT'S SIGNATURE OR NAME ADDRESS <b>Gladys Talley, 4209a Blaine, St. Louis, Mo.</b>			
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18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c)		MEDICAL CERTIFICATION			INTERVAL BETWEEN ONSET AND DEATH
*This does not mean the mode of dying, such as heart failure, asthma, etc. It means the disease, injury, or complication which caused death.		I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <b>Cerebral Hemorrhage</b>			
		ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <b>Hypertensive Cardiovascular Disease</b>			
		DUE TO (c)			
		II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.			

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION		20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>		
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21a. ACCIDENT SUICIDE HOMICIDE (Specify)	21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)	21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE) <b>443X</b>			
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21d. TIME OF INJURY (Month) (Day) (Year) (Hour) (Min.)	21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	21f. HOW DID INJURY OCCUR?			
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22. I hereby certify that I attended the deceased from **4-3**, 1954, to **4-4**, 1954, that I last saw the deceased alive on **4-4**, 1954, and that death occurred at **5:50 A.M.**, from the causes and on the date stated above.

23a. SIGNATURE <b>Edwin L Lytle</b> (Degree or title) <b>M.D.</b>		23b. ADDRESS <b>1325 So Grand</b>		23c. DATE SIGNED <b>4-4-54</b>	
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24a. BURIAL, CREMATION, REMOVAL (Specify) <b>Removal</b>	24b. DATE <b>April 6, 1954</b>	24c. NAME OF CEMETERY OR CREMATORY <b>Paragould, Ark.</b>	24d. LOCATION (City, town, or county) (State) <b>Paragould, Arkansas</b>		
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DATE REC'D BY LOCAL REG. <b>APR 5 1954</b>	REGISTRAR'S SIGNATURE <b>J. Carl Smith MO</b>	25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS <b>McLaughlin Funeral Home, Inc. 2301 Lafayette, St. Louis 4, Mo.</b>			
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WRITE PLAINLY—USING UNFADEING BLACK INK—MAKE A PERMANENT RECORD

**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 ....., Student Embalmer No..... working under my personal supervision..

Student.....  
Signature of Student Embalmer

Signed *H. G. Farris*.....

Licensed Embalmer No. *33*  
*2301 Lafayette*  
P. O. Address.....

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (F to comply with the above constitutes grounds for revocation of license).  
If embalmed by a STUDENT, he also shall sign in his OWN handwriting.  
If this body is not embalmed, fact should be so stated above.