

JRI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

'59 0 4 6 3 3 4

FILED VS JAN 11 1960

Registration District No. 317 Primary Registration District No. 590 Registrar's No. 3533 STATE FILE NUMBER

INDEXED

1. PLACE OF DEATH a. COUNTY <u>ST LOUIS</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE <u>Mo</u> b. COUNTY <u>ST LOUIS</u>	
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN <u>VALLEY PARK</u>		c. CITY OR TOWN <u>KIRKWOOD</u> <u>YY</u>	
Length of stay in 1b <u>9 Mos</u>		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION <u>MOLL NURSING HOME</u>		d. STREET ADDRESS (If outside, give location) <u>964 MEADOWRIDGE DRIVE</u>	
Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>		Reside on Farm Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	

3. NAME OF DECEASED (Type or print) First <u>EASTER</u> Middle <u>ORLENA</u> Last <u>TALBERT</u>			4. DATE OF DEATH Month <u>12</u> Day <u>31</u> Year <u>1959</u>			
5. SEX <u>F</u>	6. COLOR OR RACE <u>W</u>	7. Married <input type="checkbox"/> Never Married <input type="checkbox"/> Widowed <input checked="" type="checkbox"/> Divorced <input type="checkbox"/>	8. DATE OF BIRTH <u>4-13-1884</u>	9. AGE (last birthday) <u>75</u>	IF UNDER 1 YEAR IF UNDER 24 HR Months Days Hours Min.	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>HOUSEWIFE</u>		10b. KIND OF BUSINESS OR INDUSTRY <u>AT HOME</u>		11. BIRTHPLACE (City and state or country) <u>WILLIAMSVILLE MO</u>		12. CITIZEN OF WHAT COUNTRY <u>U.S.A.</u>
13a. FATHER'S NAME <u>JOHN ALEXANDER</u>		13b. MOTHER'S MAIDEN NAME <u>DICKEY BROWN EUDALY</u>		14. NAME OF HUSBAND OR WIFE <u>ASA E TALBERT</u>		

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <u>No</u>	16. SOCIAL SECURITY NO. <u>—</u>	17. INFORMANT <u>Rayton G. Hyde 964 Meadowridge Dr</u> Address <u>Kirkwood Mo</u>
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18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c). PART I. DEATH WAS CAUSED BY:		INTERVAL BETWEEN ONSET AND DEATH <u>10 days</u> <u>1 yr</u>
IMMEDIATE CAUSE (a) <u>Cerebral Hemorrhage</u>	DUE TO (b) <u>Generalized arteriosclerosis</u>	
DUE TO (c)		
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a)		PART III. If deceased was female was there a pregnancy in last 90 days. <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> Unknown

19. WAS AUTOPSY PERFORMED? YES <input type="checkbox"/> NO <input type="checkbox"/>	20a. ACCIDENT <input type="checkbox"/> SUICIDE <input type="checkbox"/> HOMICIDE <input type="checkbox"/>	20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18.)
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20c. TIME OF INJURY Hour <u>9:55</u> a.m. p.m. Month, Day, Year <u>3/18/59</u>	20d. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	20e. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)	20f. CITY, TOWN, OR LOCATION <u>Kirkwood Mo</u>	COUNTY <u>Mo</u>	STATE <u>Mo</u>
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21. I attended the deceased from 3/18/59 to 12-31-59 last saw her/him alive on 12/30/59
Death occurred at 9:55 p.m. on the date stated above, and to the best of my knowledge, from the causes stated.

22a. SIGNATURE <u>D. H. Presli M.D.</u> (Degree or title)	22b. ADDRESS <u>Kirkwood Mo</u>	22c. DATE SIGNED <u>1/2/60</u>
23a. BURIAL, CREMATION, REMOVAL (Specify) <u>CREMATION</u>	23b. DATE <u>JAN 4 1960</u>	23c. NAME OF CEMETERY OR CREMATORY <u>OAK GROVE CREMATORY</u>
23d. LOCATION (City, town, or county) <u>St Louis Co</u>		(State) <u>Mo</u>

24. FUNERAL DIRECTOR <u>MITTELBERG</u>	ADDRESS <u>WEBSTER GROVE MO</u>	25. DATE RECD. BY LOCAL REG. <u>1-4-60</u>	26. REGISTRAR'S SIGNATURE <u>[Signature]</u>
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(Licensed Embalmer's Statement on Reverse Side)

DOCUMENT

MEDICAL CERTIFICATION

BY AFFIDAVIT OF

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by _____
or by _____, Student Embalmer No. _____
working under my personal supervision.

Student _____
Signature of Student Embalmer

Signed Stanley H. Dixon

Licensed Embalmer No. 4419

P. O. Address St. Louis

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 embalmed by a STUDENT, he also shall sign in his OWN handwriting.
If this body is not embalmed, fact should be so stated above.