

**MISSOURI STATE BOARD OF HEALTH  
BUREAU OF VITAL STATISTICS  
CERTIFICATE OF DEATH**

Do not use this space.

15284

15553

**1. PLACE OF DEATH**

County..... Registration District No. 791  
 Township..... Primary Registration District No. 2003  
 City St. Louis (No. 3710, North Grand Blvd. (Ward)

**2. FULL NAME**

Florence Tallent  
 (a) Residence, No. 3710 N. Grand Blvd., St. 1 Ward. (If nonresident give city or town and State)  
 (Usual place of abode)

Length of residence in city or town where death occurred yrs. mos. ds. How long in U.S., if of foreign birth? yrs. mos. ds.

**PERSONAL AND STATISTICAL PARTICULARS**

3. SEX Female 4. COLOR OR RACE White 5. SINGLE, MARRIED, WIDOWED OR DIVORCED Widow  
(write the word)

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF Elizah W. Tallent

6. DATE OF BIRTH (MONTH, DAY AND YEAR) Jan 24, 1880

7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min.  
48 | 3 | 0

8. OCCUPATION OF DECEASED  
 (a) Trade, profession, or particular kind of work At Home  
 (b) General nature of industry, business, or establishment in which employed (or employer)  
 (c) Name of employer

9. BIRTHPLACE (CITY OR TOWN) Ohio  
 (STATE OR COUNTRY)

10. NAME OF FATHER John Wilson

11. BIRTHPLACE OF FATHER (CITY OR TOWN) Not Known  
 (STATE OR COUNTRY)

12. MAIDEN NAME OF MOTHER Not Known

13. BIRTHPLACE OF MOTHER (CITY OR TOWN) Not Known  
 (STATE OR COUNTRY)

14. INFORMANT John W. Tallent  
 (Address) 3710 N. Grand Blvd

15. FILED May 27, 1928 Max C. Starbuck REGISTRAR

**3 MEDICAL CERTIFICATE OF DEATH**

16. DATE OF DEATH (MONTH, DAY AND YEAR) Apr. 24 1928

17. I HEREBY CERTIFY, That I attended deceased from 3-1-28 to 4-24-28, 19... that I last saw him alive on 4-24-28, 19... and that death occurred, on the date stated above, at 3:30 p.m.

THE CAUSE OF DEATH\* WAS AS FOLLOWS:  
Carcinoma of Uterus

(duration) yrs. mos. ds. 6

CONTRIBUTORY (SECONDARY) Metastatic Carcinoma of Stomach  
 (duration) yrs. mos. ds. 3

18. WHERE WAS DISEASE CONTRACTED  
 IF NOT AT PLACE OF DEATH.....  
 DID AN OPERATION PRECEDE DEATH? Yes DATE OF about 3-20-28  
 WAS THERE AN AUTOPSY? no

WHAT TEST CONFIRMED DIAGNOSIS.....  
 (Signed) Paul B. Webb, M. D.  
 , 19 (Address) 10 N. Grand Ave

\*State the DISEASE CAUSING DEATH, or in deaths from VIOLENT CAUSES, state (1) MEANS AND NATURE OF INJURY, and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

19. PLACE OF BURIAL, CREMATION, OR REMOVAL Oak Grove DATE OF BURIAL Apr. 27 1928

20. UNDERTAKER Math. Hermon & Son ADDRESS 1410 3/4 West Florence Ave

WRITE PLAINLY, WITH UNFADING INK---THIS IS A PERMANENT RECORD

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important.

