NOV 28 1930

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

Do not use this space.

33958

File No. .....

Registered No. 60

1. PLACE OF DEATH

County Ste Genevieve — Registration District No. 780

Township ..... — Primary Registration District No. 4466

City Ste. Genevieve (No. ..... St. ..... Ward)

2. FULL NAME Joseph William Talumendier

(a) Residence. No. ..... St., ... Ward. .....
(Usual place of abode) (If nonresident give city or town and State)

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: Male

4. COLOR OR RACE: White

5. SINGLE, MARRIED, WIDOWED OR DIVORCED (write the word): Married

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF Emma Talumendier

6. DATE OF BIRTH (MONTH, DAY AND YEAR) Jan 17 - 1869

7. AGE

YEARS	MONTHS	DAYS	If LESS than 1 day, ... hrs. or ..... min.
61	9	9	

8. OCCUPATION OF DECEASED

(a) Trade, profession, or particular kind of work County Surveyor

(b) General nature of industry, business, or establishment in which employed (or employer) .....

(c) Name of employer

9. BIRTHPLACE (CITY OR TOWN) Ste. Genevieve
(STATE OR COUNTRY) Missouri

PARENTS

10. NAME OF FATHER Felix Talumendier

11. BIRTHPLACE OF FATHER (CITY OR TOWN) Ste Genevieve
(STATE OR COUNTRY) Missouri

12. MAIDEN NAME OF MOTHER Julia Bell

13. BIRTHPLACE OF MOTHER (CITY OR TOWN) Ste Genevieve
(STATE OR COUNTRY) Missouri

14. INFORMANT Joseph Talumendier
(Address) Ste Genevieve Mo

15. FILED Oct 28, 1930 T.W. Douglas REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR) Oct 26. 1930

17. I HEREBY CERTIFY, That I attended deceased from Oct 25, 1930, to Oct 26, 1930 that I last saw him alive on Oct 26 1930, and that death occurred, on the date stated above, at 8 P. m.

THE CAUSE OF DEATH* WAS AS FOLLOWS:

Angina Pectoris

..... (duration) ..... yrs. ..... mos. ..... ds.

CONTRIBUTORY (SECONDARY) .....

..... (duration) ..... yrs. ..... mos. ..... ds.

18. WHERE WAS DISEASE CONTRACTED

IF NOT AT PLACE OF DEATH? No

DID AN OPERATION PRECEDE DEATH? No DATE OF .....

WAS THERE AN AUTOPSY? No

WHAT TEST CONFIRMED DIAGNOSIS? Signs & Symptoms

(Signed) C J Clapp Jr, M. D

Oct 27, 1930 (Address) Ste. Genevieve Mo

*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: Calvary Cemetery Ste Genevieve Mo

DATE OF BURIAL: Oct 29th 1930

20. UNDERTAKER: Warren J Stanton

ADDRESS: Ste Genevieve Mo

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.