MAR 12 1936

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

Do not use this space.

File No. 8127
Registered No. 4806

1. PLACE OF DEATH

County ..... Registration District No. 791
Township ..... Primary Registration District No. 1003
City St. Louis Mo. (No. Barnes Hospital St. ..... Ward)

2. FULL NAME George Frederick Talbot

(a) Residence, No. 7568 Jerome Ave St., NP Ward. Maplewood Mo.
(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 Yanette Talbot

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Dec. 22, 1879.

7. AGE: Years 56. Months 1 Days 23 If LESS than 1 day, ... hrs. or ..... min.

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Brigadier
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Salvation Army
10. Date deceased last worked at this occupation (month and year) .....
11. Total time (years) spent in this occupation .....

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Illinois

FATHER

13. NAME (Unknown) Talbot
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Unknown

MOTHER

15. MAIDEN NAME Unknown
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Unknown

17. INFORMANT Yanette Talbot
(ADDRESS) 7568 Jerome Ave.

18. BURIAL, CREMATION, OR REMOVAL
PLACE Galva Ill DATE Feb. 18. 1936

19. UNDERTAKER Edith E. Ambrister
(ADDRESS) 4234 Manchester Ave.

20. FILED FEB 18 1936 J. F. Bredeck
Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) 2-15-1936

22. I HEREBY CERTIFY, That I attended deceased from Feb 10, 1936, to Feb 15, 1936

I last saw him alive on 2-15-, 1936. Death is said to have occurred on the date stated above, at 11:55 p.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Acute pulmonary Edema	7/11/36
Inguinal Hernia	

Other contributory causes of importance:

Name of operation Incarcerated hernorrhaphy Date of 7/11/36
What test confirmed diagnosis? Clinical Was there an autopsy? No

23. If death was due to external causes (violence), fill in also the following:
Accident, suicide, or homicide? ..... Date of injury ....., 19.....
Where did injury occur? .....
(Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place.

Manner of injury .....
Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? .....
If so, specify .....

(Signed) Franklin E. Walton, M. D.
(Address) BARNES HOSPITAL

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.