

NOV 15 1937

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

35932

Do not use this space.

1. PLACE OF DEATH

(a) County Registration District No. **791**
(b) Township Primary Registration District No. **1003**
(c) City **St. Louis** (d) Street No. **City Hospital #1** St.
(If death occurred in Hospital or Institution, write its name instead of street and number)
(e) Length of residence in city or town where death occurred yrs. mos. ds. (f) How long in U. S., if of foreign birth? yrs. mos. ds.

Registered No. **9509**2. PRINT FULL NAME **Samantha Ann Talbott**

(a) Residence, No. **410 N. Sarah St.** St. **19**
(Usual place of abode, if no street address, write county or city) (If nonresident, give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX **Female** 4. COLOR OR RACE **White** 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) **Widow**
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF **Benjamin Talbott**
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) **July 13th. 1862**
7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min.
75 2 27
8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc. **Housework**
9. Industry or business in which work was done, as saw mill, bank, etc.
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)

Ind.

13. NAME

Harrison Garrett

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY)

Ind.

15. MAIDEN NAME

Dont know

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY)

Dont know

17. INFORMANT (ADDRESS)

**Hubert Talbott
1545 Belt Ave.**

18. BURIAL, CREMATION, OR REMOVAL

PLACE **Memorial Park** DATE **10/12/37**

19. FUNERAL DIRECTOR (ADDRESS)

**Provost Und. Co.
3710 N. Grand Blvd.**

20. FILE

OCT 12 1937**W. Bredeck**
Local Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) **10/10/27** 19

22. I HEREBY CERTIFY, That I attended deceased from 19....., to 19.....

I last saw h..... alive on....., 19..... Death is said to have occurred on the date stated above, at **7.15 A.M.**

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

Fracture of the right Femur suffered when she fell to the floor of her home at 410 N. Sarah St. on Oct. 3 1937 at about 6:58 P.M.
Arteriosclerosis

Date of onset

Other contributory causes of importance:

Name of operation..... Date of.....

What test confirmed diagnosis?..... 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 **Oct 3, 1927**

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 **Home**Nature of injury **See above**

24. Was disease or injury in any way related to occupation of deceased?

If so, specify **Alfred Perry M.D.**(Signed) **W. Bredeck**(Address) **W. Bredeck**

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.

2772

2200

31

STATEMENT BY LICENSED EMBALMER

I, A. A. Smithers, Licensed Embalmer No. 3916

hereby certify that the body recorded on the reverse side of this certificate was embalmed by me

L. E. 3916

No. _____ or by _____, Registered Apprentice No. _____
working under my personal supervision.

Signed A. A. Smithers
Licensed Embalmer No. 3916

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.)