

REC'D APR 1 1938

MISSOURI STATE BOARD OF HEALTH

BUREAU OF VITAL STATISTICS
CERTIFICATE OF DEATH

791

1003

8974

Do not use this space.

Registered No. 2563

1. PLACE OF DEATH

- (a) County..... Registration District No.
- (b) Township..... Primary Registration District No.
- (c) City St. Louis (d) Street No. 2209 Hebert 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.

2. PRINT FULL NAME EDWARD TALLIS 420

- (a) Residence, No. 2209 Hebert St. 20 (If nonresident, give city or town and State)
- (Usual place of abode, if no street address, write county or city)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX MALE 4. COLOR OR RACE WHITE 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) WIDOWED

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) SEPT. 11 1862

7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min.

75 6 5

OCCUPATION

8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc.
9. Industry or business in which work was done, as saw mill, bank, etc. MOTARMANN
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) ST. LOUIS MO13. NAME THOMAS TALLIS14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) MO.15. MAIDEN NAME ADRINNE CONSTANT16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) FRANCE17. INFORMANT (ADDRESS) Sister Jeanne 2209 Hebert St. St. Louis, Mo.18. BURIAL, CREMATION, OR REMOVAL PLACE MT. OLIVE CEM DATE 3/18/193819. FUNERAL DIRECTOR (ADDRESS) ARTHUR J. DONNELLY 3840 LINDEN BLVD20. FILED MAR 17 1938 J. F. Broderick

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) March 16, 193822. I HEREBY CERTIFY, That I attended deceased from Nov. 15, 1937 to March 16, 1938I last saw him alive on March 16, 1938 Death is said to have occurred on the date stated above, at 11:30 P. m.

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

Chronic Myocarditis

Date of onset

Other contributory causes of importance:

Coronary Sclerosis; NephrosesName of operation None Date of.....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? NO

If so, specify.....

(Signed) Anthony C. Prebaker, M. D.(Address) 1525 a Cass Ave

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.

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STATEMENT BY LICENSED EMBALMER

I, _____, Licensed Embalmer No. 2663

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

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

Signed Alfred J. Boelter
Licensed Embalmer No. 2663

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.)