

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.

10266

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

MISSOURI STATE BOARD OF HEALTH

STANDARD CERTIFICATE OF DEATH

State File No. **34601**
Registrar's No. **9139**

Registration District No. **791** Primary Registration District No. **1008**

1. PLACE OF DEATH:
 (a) County _____
 (b) City or town **St. Louis, Missouri**
 (If outside city or town limits, write "RURAL" and name of township)
 (c) Name of hospital or institution: **City Hospital, #1**
 (If not in hospital or institution, write street number or location)
 (d) Length of stay: In hospital or institution **3 Days**
 (Specify whether _____)
 In this community _____
 years, months or days _____

3. (a) PRINT FULL NAME **Josephine Tallent 45?**
 3. (b) If veteran, name war _____ 3. (c) Social Security No. **None**

4. Sex **Female** 5. Color or race **White** 6. (a) Single, widowed, married, divorced, **Married**
 6. (b) Name of husband or wife **Charles** (c) Age of husband or wife if alive **77** years
 7. Birth date of deceased **Dec. 25, 1875**
 (Month) (Day) (Year)

8. AGE: Years **63** Months **9** Days **29** If less than one day _____ hr. _____ min.

9. Birthplace **Tennessee**
 (City, town, or county) (State or foreign country)

10. Usual occupation **Housewife**

11. Industry or business _____

12. Name **? Jones**
 13. Birthplace **Unknown**
 (City, town, or county) (State or foreign country)

14. Maiden name **Unknown**
 (City, town, or county) (State or foreign country)
 15. Birthplace **Unknown**
 (City, town, or county) (State or foreign country)

16. (a) Informant's own signature **J. F. Sedect**
 (b) Address **1826 N. 17th St.**

17. (a) **Burial** (b) Date thereof **10/27/39**
 (Burial, cremation, or removal) (Month) (Day) (Year)
 (c) Place: burial or cremation **St. James, Mo.**

18. (a) Signature of funeral director **Edith Ambruster**
 (b) Address **4234 Manchester**

19. (a) **OCT 25 1939** (b) **J. F. Sedect**
 (Date of death) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:
 (a) State **Missouri** (b) County _____
 (c) City or town **St. Louis, Mo.** **26**
 (If outside city or town limits, write "RURAL")
 (d) Street No. **1826 N. 17th St.**
 (If rural, give location)
 (e) If foreign born, how long in U. S. A. _____ years.

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month **October** day **24**,
 year **1939** hour **2:15** minute **M.** M.

21. I hereby certify that I attended the deceased from **October 22**, 1939 to **October 24**, 1939
 that I last saw her alive on **October 24**, 1939
 and that death occurred on the date and hour stated above.

Immediate cause of death
Chronic hypo carditis
Broncho pneumonia

Due to _____
 Due to _____

Other conditions _____
 (Include pregnancy within 3 months of death)

Major findings:
 Of operations _____
 Of autopsy _____

Duration

PHYSICIAN

Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:

(a) Accident, suicide, or homicide (specify) _____
 (b) Date of occurrence _____
 (c) Where did injury occur? _____
 (City or town) (County) (State)
 (d) Did injury occur in or about home, on farm, in industrial place, in public place? _____

While at work? _____ (Specify type of place) (e) Means of injury _____

23. Signature **Harold Freedman** (M. D. or other) _____
 Address **1515 Lafayette** Date **10/24/39**

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me, or by.....

working under my personal supervision:

Registered Apprentice No.....

Signed.....

Thomas Eymck

Licensed Embalmer No.....

1284

P. O. Address.....

St. Louis Mo.

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.)

If this body is not embalmed, above space should be left blank.

1284