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WRITE PLAINLY—USE UNFADING BLACK INK—MAKE A PERMANENT RECORD

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

MISSOURI STATE BOARD OF HEALTH
STANDARD CERTIFICATE OF DEATH

State File No. 36919

Registration District No. 791 | Primary Registration District No. 1003 | Registrar's No. 9192

FILED DEC 11 1940

1. PLACE OF DEATH:
(a) County
(b) City or town St. Louis (If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: 4742 S. Grand Ave. (If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution 2 (Specify whether years, months or days)
In this community

2. USUAL RESIDENCE OF DECEASED:
(a) State Missouri (b) County
(c) City or town St. Louis (If outside city or town limits, write "RURAL") 15
(d) Street No. 4742 S. Grand (If rural, give location)
(e) If foreign born, how long in U. S. A.? years.

3. (a) PRINT FULL NAME Alma Talbot
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 Widowed
6. (b) Name of husband or wife Robert
6. (c) Age of husband or wife if alive dead years
7. Birth date of deceased Feb. (Month) 22 (Day) 1876 (Year)
8. AGE: Years 64 Months 8 Days 16 If less than one day hr. min.
9. Birthplace St. Louis (City, town, or county) Missouri (State or foreign country)
10. Usual occupation Housewife
11. Industry or business
MOTHER FATHER
12. Name Henry Pins
13. Birthplace (City, town, or county) Germany (State or foreign country)
14. Maiden name Unknown
15. Birthplace (City, town, or county) Germany (State or foreign country)
16. (a) Informant Melba H. Talbot
(b) Address 4742 S. Grand
17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 11-11-12 (Month) (Day) (Year)
(c) Place: burial or cremation Bellefontaine Cem.
18. (a) Signature of funeral director Aaron Lyon & Co.
(b) Address 2707 N. Grand Blvd
19. (a) NOV 8 1940 (Date received local registrar) (b) J. F. Bredeck (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Nov day 8 year 1940 hour 3 minute 30 A.M.
21. I hereby certify that I attended the deceased from Sept 18, 1940, to Nov 7, 1940, that I last saw he alive on Nov 7, 1940, and that death occurred on the date and hour stated above.

	Duration
Immediate cause of death: Chronic Tuberculosis Nephritis	22
Due to: Unknown Chronic Myocarditis	
Due to: Unknown	
Other conditions (Include pregnancy within 3 months of death): General Oedema	2 mo

Major findings:
Of operations —
Of autopsy —

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

23. Signature Martin J. Olsen (M. D. or other)
Address 10 Ladue Date signed 11/8/40

(Licensed Embalmer's Statement on Reverse Side)

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.....

....., Registered Apprentice No.....

working under my personal supervision.

Signed Paul F. Knoelenberg

Licensed Embalmer No. 2631

P. O. Address 2707 N Grand

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply w the above constitutes grounds for revocation of license.)

If this body is not embalmed, fact should be so stated above.