S. No. 2
M—1-4-41
5-17-39
I X26390

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

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

FILED FEB 24 1942

MISSOURI STATE BOARD OF HEALTH

STANDARD CERTIFICATE OF DEATH

State File No. 929

Registration District No. 791 Primary Registration District No. 1003 Registrar's No. 792

1. PLACE OF DEATH:

(a) County

(b) City or town St Louis, Mo.
(If outside city or town limits, write "RURAL" and name of township)

(c) Name of hospital or institution: BARNES HOSPITAL
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution 1-23-42 to 1-28-42 (Specify whether
In this community 1 day years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State MO (b) County ST. LOUIS 96

(c) City or town NORMANDY NR
(If outside city or town limits, write "RURAL")

(d) Street No. ST. ANNS LANE
(If rural, give location)

(e) Citizen of foreign country? (Yes or No)

If yes, name country

3. (a) PRINT FULL NAME Mr. John Talley

3. (b) If veteran, name war

3. (c) Social Security No.

4. Sex MALE

5. Color or race W

6. (a) Single, widowed, married, divorced Widowed

6. (b) Name of husband or wife SUSAN TALLEY

6. (c) Age of husband or wife if alive years

7. Birth date of deceased 2 (Month) 25 (Day) 52 (Year)

8. AGE: Years 89 Months 10 Days 29 If less than one day hr. min.

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

10. Usual occupation NIL

11. Industry or business

FATHER 12. Name Wm Smith Talley

13. Birthplace Iowa (City, town, or county) (State or foreign country)

MOTHER 14. Maiden name Susan Caroline Essinger

15. Birthplace Mo. (City, town, or county) (State or foreign country)

16. (a) Informant Barnes Hospital

(b) Address St Louis Mo.

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 1 26 42 (Month) (Day) (Year)

(c) Place: burial or cremation Fee Fee Cemetery

18. (a) Signature of funeral director ORTMANN FUNERAL HOME

(b) Address 9222 LACLEDE AND OVERLAND Mo.

19. (a) JAN 26 1942 (Date received local registrar) (b) J. F. Bredeck (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Jan day 24 year 1942 hour 10 minute 25 P.M.

21. I hereby certify that I attended the deceased from 1-23 1942 to 1-24 1942 that I last saw him alive on 1-24 1942 and that death occurred on the date and hour stated above.

Duration

Immediate cause of death Bronchopneumonia, right lung

Due to arteriosclerotic heart disease

Coronary artery disease

Due to Prostatic hypertrophy

Other conditions (Include pregnancy within 3 months of death) 93 & 95

Major findings:
Of operations

arteriosclerosis, marked

Of autopsy myocardial infarction, bronchopneumonia, hydronephrosis, pyelonephritis, calculous

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 Llewellyn Sale, Jr (M. D. or other) MD.

Address BARNES HOSPITAL Date signed 1-24-42

(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 Al C. Ortmann

Licensed Embalmer No. 3478

P. O. Address.....

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, fact should be so stated above.