. S. No. 2
M—1-4-41
ev. 5-17-39
I X26390

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. 5025

FILED MAR 24 1942

Registration District No. 791

Primary Registration District No. 1003

Registrar's No. 1910

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: City Sanitarium
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution 1 yr. 1mo. 2ds. (Specify whether
In this community about 4 yrs. x
years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County

(c) City or town St. Louis
(If outside city or town limits, write "RURAL")

(d) Street No. 4129 Delmar Bl.
(If rural, give location)

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

If yes, name country

3. (a) PRINT FULL NAME CLARENCE TALBERT

3. (b) If veteran, name war -

3. (c) Social Security No. -

4. Sex Male

5. Color or race Colored

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

6. (b) Name of husband or wife

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

7. Birth date of deceased unknown (Month) (Day) (Year)

8. AGE: Years about 42 | Months | Days | If less than one day hr. min.

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

10. Usual occupation Janitor

11. Industry or business Rooming House

FATHER
12. Name William Talbert
13. Birthplace unknown (City, town, or county) Unknown (State or foreign country)

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

16. (a) Informant Clara M. Riley
(b) Address 4064 Enright Ave

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 3-2-42 (Month) (Day) (Year)
(c) Place: burial or cremation Greenwood

18. (a) Signature of funeral director McDowell
(b) Address 2114 N. Taylor Ave

19. (a) MAR 2 1942 (Date received local registrar) (b) J. F. Brodeck (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Feb. day 21
year 1942 hour 10:10 minute P.M.

21. I hereby certify that I attended the deceased from 1-20-41, 19__, to 2-21-42, 19__;
that I last saw him alive on 2-21-42, 19__;
and that death occurred on the date and hour stated above.

	Duration
Immediate cause of death	
General Paralysis of the Insane	(1-20-41x
Due to	
Due to	
Other conditions (Include pregnancy within 3 months of death)	
Major findings: Of operations	
Of autopsy No	

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 M. Mulder M.D. (M.D. or other)
Address 3400 Arsenal Date signed 2-22-42

(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 William C. McDowell, Registered Apprentice No._____, working under my personal supervision.

Signed William C. McDowell

Licensed Embalmer No. 2519

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.