

State File No. _____

FILED APR 13 1944 318

Registration District No. _____ Primary Registration District No. 1003

Registrar's No. 3152

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:
4613 Tyrolean Ave.
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution _____ (Specify whether)
In this community 40 Years In St. Louis.
(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. 4613 Tyrolean Ave.
(If rural, give location)
(e) Citizen of foreign country? _____ (Yes or No)
If yes, name country _____

3. (a) PRINT FULL NAME FRANK TALIR
3. (b) If veteran, name war _____ 3. (c) Social Security No. _____
4. Sex Male 5. Color or race white 6. (a) Single, widowed, married, married
6. (b) Name of husband or wife ZDISLAVA TALIR 6. (c) Age of husband or wife if alive 56 years
7. Birth date of deceased April 24 1869
(Month) (Day) (Year)

MEDICAL CERTIFICATION
20. DATE OF DEATH: Month April day 3
year 1944 hour 11 25 a.m. M.
21. I hereby certify that I attended the deceased from March 27 1944 to April 3 1944
that he was alive on April 3 1944
and that death occurred on the date and hour stated above.

8. AGE: Years Months Days If less than one day
74 11 8 hr. _____ min.

Immediate cause of death Coronary Thrombosis
Duration 1 day

9. Birthplace Austria (City, town, or county) (State or foreign country) 4
10. Usual occupation retired
11. Industry or business Machinist

Due to pericardial fibrillation
Chr. Myocarditis
Due to Chr. Endocarditis mitral
Arterio Sclerosis
Other conditions _____ (Include pregnancy within 3 months of death)
Major findings: None
Of operations: None
Of autopsy: None

MOTHER FATHER {
12. Name Martin Talir
13. Birthplace Austria (City, town, or county) (State or foreign country) 4
14. Maiden name UNKNOWN
15. Birthplace Austria (City, town, or county) (State or foreign country) 4

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide (specify) None
(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 _____

16. (a) Informant Zdislava Talir
(b) Address 4613 Tyrolean Ave.
17. (a) Burial (Burial, cremation, or removal) (b) Date thereof April 15/44
(Month) (Day) (Year)
(c) Place: burial or cremation New S.S. Peter & Paul
18. (a) Signature of funeral director Thorndike & son
(b) Address 2906 Gravois Ave.
19. (a) APR 4 1944 (Date received local registrar) (b) J. F. Bradeck (Registrar's signature)

23. Signature J. F. Bradeck (M. D. or other) _____
Address 276 St. Louis Ave Date signed 4-2-44

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

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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.....

David Van Fossan

Licensed Embalmer No. *4242*.....

P. O. Address *2906 Harris ave.*.....

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.