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DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

THE STATE BOARD OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH

State File No. 38632

FILED DEC 31 1945

Registration District No. 3062 Primary Registration District No. 3062 Registrar's No. 2698

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

96
9
1

1. PLACE OF DEATH:

(a) County St. Louis
(b) City or town Brentwood
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: 8609 Agnes Ave. 1
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution (Specify whether
In this community 10 years
years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County St. Louis 96
(c) City or town Brentwood 9
(If outside city or town limits, write "RURAL")
(d) Street No. 8609 Agnes Ave. 1
(If rural, give location)
(e) Citizen of foreign country? No (Yes or No) 0
If yes, name country

3. (a) PRINT FULL NAME FLORENCE TALTON

3. (b) If veteran, name war -- 3. (c) Social Security No. --

4. Sex Female 3 5. Color or race Negro 6. (a) Single, widowed, married, divorced Married 1

6. (b) Name of husband or wife Claude 6. (c) Age of husband or wife if alive 68 years

7. Birth date of deceased July (Month) ? (Day) 1874 (Year)

8. AGE: Years 71 Months 4 Days ? If less than one day hr. min.

9. Birthplace Shreveport (City, town, or county) La. 1 (State or foreign country)

10. Usual occupation Housewife

11. Industry or business --

FATHER
12. Name Bervan Hollinsworth
13. Birthplace Cothrall Par. (City, town, or county) La. 1 (State or foreign country)

MOTHER
14. Maiden name Sarah Davis
15. Birthplace -- (City, town, or county) La. 1 (State or foreign country)

16. (a) Informant Claude Talton
(b) Address 8609 Agnes Ave.

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 11-24-45 (Month) (Day) (Year)
(c) Place: burial or cremation Washington Park

18. (a) Signature of funeral director Chas. J. Gates
(b) Address 4107 Finney Ave.

19. (a) 11-27-45 (Date received local registrar) (b) E. G. McGarran M.D. (Registrar's signature) 25

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Nov. day 20th year 1945 hour 7:00 minute P. M.

21. I hereby certify that I attended the deceased from 9/15, 1945, to 11/20, 1945 that I last saw her alive on 11/20, 1945 and that death occurred on the date and hour stated above.

Immediate cause of death Ca of Bladder and Ethmoid

Due to

Due to Senility

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

23. Signature C. Fain Reynolds (M. D. or other)
Address Kirkham Dr., Webster Date signed 11/24/45

(Licensed Embalmer's Statement on Reverse Side)

DEC 5 1945

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 Thoma's J. Gates, Registered Apprentice No. _____, working under my personal supervision.

Signed Thomas J. Gates

Licensed Embalmer No. 4259

P. O. Address 4107 Finney 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.