DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

FILED JUL 1 1946

STATE BOARD OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH

State File No. 21292

Registration District No. 317 | Primary Registration District No. 3063 | Registrar's No. 1356

1. PLACE OF DEATH:
(a) County St. Louis County
(b) City or town Clayton, (If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: St. Louis Co. Hospital O (If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution 4 hours (Specify whether years, months or days) In this community 16 years

2. USUAL RESIDENCE OF DECEASED:
(a) State Missouri (b) County St. Louis 96
(c) City or town Webster Groves (If outside city or town limits, write "RURAL")
(d) Street No. 931 Cornell 7 (If rural, give location)
(e) Citizen of foreign country? No. (Yes or No) If yes, name country

3. (a) PRINT FULL NAME REUBEN TOLBERT
3. (b) If veteran, name war
3. (c) Social Security No.
4. Sex Male 2
5. Color or race Colored
6. (a) Single, widowed, married, divorced Married
6. (b) Name of husband or wife Sadie Banic 1
6. (c) Age of husband or wife if alive 61 years
7. Birth date of deceased 1 (Month) 11 (Day) 90 (Year)

8. AGE: Years 56 | Months 5 | Days 14 | If less than one day hr. min.

9. Birthplace St. Louis, Missouri (City, town, or county) (State or foreign country)
10. Usual occupation Janitor
11. Industry or business
MOTHER FATHER
12. Name Abraham Talbert 6
13. Birthplace Mo (City, town, or county) (State or foreign country)
14. Maiden name Wilk
15. Birthplace St Louis (City, town, or county) (State or foreign country)
16. (a) Informant Wife, Sadie Tolbert
(b) Address 931 Cornell, Webster grove
17. (a) Burial (Burial, cremation, or removal) (b) Date thereof July 1 1946 (Month) (Day) (Year)
(c) Place: burial or cremation Father Dickson
18. (a) Signature of funeral director Theodore J Gaudeu
(b) Address 3506 Franklin Ave St. Louis Mo
19. (a) 6-27-46 (Date received local registrar) (b) E.B. McDaniel (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month June day 25th year 1946 hour 3 minute 45 A.M.
21. I hereby certify that I attended the deceased from June 24th, 1946 to June 25, 1946 that I last saw him alive on June 25, 1946 and that death occurred on the date and hour stated above.

	Duration
Immediate cause of death Acute myocardial failure	3 days
Due to Cardiac Heart Disease 30 yr	4 yrs at least
Due to	
Other conditions (Include pregnancy within 3 months of death)	
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 H. Zahl M.D. (M. D. or other)
Address 601 Brentwood Date signed 6/25/46

(Licensed Embalmer's Statement on Reverse Side)

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

20161

AUG 5 1946

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 Theodore T Yandell

Licensed Embalmer No. 4243

P. O. Address 957 N. Elm St Webster Groves Mo

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.

No. 2B
1—3-45
I X43880

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

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

THE STATE BOARD OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH

State File No. July

Registration District No. 317 Primary Registration District No. 3063 Registrar's No. 1376

SUPPLEMENTARY

1. PLACE OF DEATH:

(a) County St Louis Co.

(b) City or town Clayton
(If outside city or town limits, write "RURAL" and name of township)

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

(d) Length of stay: In hospital or institution (Specify whether
In this community years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State (b) County

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

(d) Street No.
(If rural, give location)

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

If yes, name country

3. (a) PRINT FULL NAME Reuben Talbert

3. (b) If veteran, name war

3. (c) Social Security No.

4. Sex M

5. Color or race B

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

6. (b) Name of husband or wife

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

7. Birth date of deceased Jan (Month) 11 (Day) 1946 (Year)

8. AGE: Years 56 Months 5 Days 4 If less than one day hr. min.

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

10. Usual occupation

11. Industry or business

FATHER
12. Name Abraham Talbert
13. Birthplace St Louis (City, town, or county) Mo (State or foreign country)

MOTHER
14. Maiden name ~~St Louis~~ Mo
15. Birthplace St Louis (City, town, or county) (State or foreign country)

16. (a) Informant

(b) Address

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

(c) Place: burial or cremation

18. (a) Signature of funeral director

(b) Address

19. (a) (Date received local registrar) (b) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month June 25 year 1946 hour minute M.

21. I hereby certify that I attended the deceased from , 19 , to , 19 ; that I last saw h alive on , 19 ; and that death occurred on the date and hour stated above.

	Duration
Immediate cause of death	
Due to	
Due to	
Other conditions (Include pregnancy within 3 months of death)	
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 (M. D. or other)

Address Date signed

26212

AUG 5 1948