

Registration District No. **317**

Primary Registration District No. **6076**

Registrar's No. **1991**

1. PLACE OF DEATH:

(a) County Saint Louis

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

(c) Name of hospital or institution:
Mc Henry Street nr Scott
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution _____ (Specify whether
In this community 20 years years, months or days)

3. (a) PRINT FULL NAME MITCHELL TALLIE

3. (b) If veteran, name war None

3. (c) Social Security No. _____

4. Sex male 2

5. Color or race Col

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

6. (b) Name of husband or wife Lucy Tallie

6. (c) Age of husband or wife if alive 33 years

7. Birth date of deceased December 17 1905
(Month) (Day) (Year)

8. AGE:	Years	Months	Days	If less than one day
	<u>41</u>	<u>8</u>	<u>26</u>	hr. _____ min.

9. Birthplace West Point, Miss
(City, town, or county) (State or foreign country)

10. Usual occupation Hod Carrier

11. Industry or business Construction

12. Name Cicero Tallie

13. Birthplace West Point Miss
(City, town, or county) (State or foreign country)

14. Maiden name Saffie Strong

15. Birthplace West Point Miss
(City, town, or county) (State or foreign country)

16. (a) Informant Calvin Tallie

(b) Address So. Kinloch, Mo.

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 220 Sep 47
(Month) (Day) (Year)

(c) Place: burial or cremation Washington Park

18. (a) Signature of funeral director Boyd Brothers

(b) Address Lix & Stanzam Kinloch, Mo.

19. (a) 9-22-47 (Date received local registrar) (b) Beulah J. Sharpe (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County St. Louis 9.6

(c) City or town South Kinloch
(If outside city or town limits, write "RURAL") 0

(d) Street No. Mc Henry St nr Scott Ave
(If rural, give location) 0

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

If yes, name country _____

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Sept day 13th
year 47 hour 9 minute 30 M.

21. I hereby certify that I attended the deceased from 9-13-47 to 9-13-47
that I last saw him alive on 9-13-47
and that death occurred on the date and hour stated above.

Immediate cause of death Crossed pneumonia Duration 5 days

Due to Mr. Wagon accident 1946

Due to Mr. Wagon accident 1945

Other conditions none 131
(Include pregnancy within 3 months of death)

Major findings: Of operations none

Of autopsy none

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? ✓

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

23. Signature Ben Johnson (M. D. or other)

Address Johnson Mo Date signed 9/18/47

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.....

....., Registered Apprentice No.....
working under my personal supervision.

Signed..... *Edward A. Flynn*

Licensed Embalmer No. *4444*

P. O. Address *4548th 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.

PO 5355