

FILED FEB 3 1948

Registration District No. _____

Primary Registration District No. 3064

Registrar's No. 218

1. PLACE OF DEATH:

(a) County St. Louis
(b) City or town Ferguson
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution:
816 N. Florissant Rd.
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution _____ (Specify whether)
In this community 2 years
years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County St. Louis 96
(c) City or town Ferguson 6
(If outside city or town limits, write "RURAL")
(d) Street No. 816 N. Florissant Rd. 2
(If rural, give location) 0
(e) Citizen of foreign country? _____ (Yes or No)
If yes, name country _____

MEDICAL CERTIFICATION

3. (a) PRINT FULL NAME Elizabeth Talbort
3. (b) If veteran, name war ---
3. (c) Social Security No. ---

20. DATE OF DEATH: Month January day 20
year 1948 hour 5 minute 30 A.M.

4. Sex F / 5. Color or race W
6. (a) Single, widowed, married, divorced Widowed
6. (b) Name of husband or wife Timothy Talbort
6. (c) Age of husband or wife if alive Dec'd years
7. Birth date of deceased: May 9 1867.
(Month) (Day) (Year)

21. I hereby certify that I attended the deceased from June 1948
1, 1948 to Jan. 20, 1948
that I last saw her alive on Jan. 23, 1948
and that death occurred on the date and hour stated above.

8. AGE: Years 80 Months 8 Days 11
If less than one day
hr. _____ min.

Immediate cause of death Coronary Sclerosis & Myocardial Infarction
Duration 2 days

9. Birthplace Ireland
(City, town, or county) (State or foreign country) 4

Due to Arteriosclerotic ht. disease
Due to 93d

10. Usual occupation Housewife

Other conditions _____
(Include pregnancy within 3 months of death)

11. Industry or business ---

Major findings:
Of operations _____

12. Name John J. Scannell 4

13. Birthplace Ireland 1
(City, town, or county) (State or foreign country)

14. Maiden name Ellen Dean 4
(City, town, or county) (State or foreign country)

15. Birthplace Ireland 4
(City, town, or county) (State or foreign country)

16. (a) Informant Mrs. Nellie White

(b) Address Ferguson, Missouri.

17. (a) Burial (b) Date thereof 1/22/48
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Calvary Cemetery

18. (a) Signature of funeral director White Funeral Home
Ferguson, Mo.

(b) Address _____

19. (a) 1-24-48 (b) Paul J. Gray
(Date received local Registrar) (Registrar's signature)

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? _____

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

23. Signature Paul J. Gray (M. D. or other) MD

Address Ferguson, Missouri Date signed 1/22/48

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

16
6
2

APR 6 1948

FEB 3 1948

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..... *A. M. White*

Licensed Embalmer No. *3973*

P. O. Address..... *Ferguson*

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. ...