S. No. 300
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FEDERAL SECURITY AGENCY
National Office of Vital Statistics

MISSOURI DIVISION OF HEALTH

STANDARD CERTIFICATE OF DEATH

7106

State File No.

FILED MAR 11 1948

Registration District No. 318

Primary Registration District No.

Registrar's No. 2034

405

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

1. PLACE OF DEATH:

(a) County

(b) City or town St. Louis, Missouri
(If outside city or town limits, write "RURAL" and name of township)

(c) Name of hospital or institution: St. Louis City Hospital O
(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: 1008

(a) State MISSOURI (b) County

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

(d) Street No. 26 2323 BLAIR AVE
(If rural, give location)

(e) Citizen of foreign country? ~~NO~~ YES (Yes or No)

If yes, name country POLAND

3. (a) PRINT FULL NAME John Talarski

3. (b) If veteran, name war no

3. (c) Social Security No.

4. Sex Male O

5. Color or race White

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

6. (b) Name of husband or wife Mary

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

7. Birth date of deceased UNKNOWN (Month) (Day) (Year)

8. AGE: Years 65 | Months | Days | If less than one day hr. min.

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

10. Usual occupation Retire

11. Industry or business

FATHER
12. Name Steve Talarski
13. Birthplace (City, town, or county) POLAND (State or foreign country)

MOTHER
14. Maiden name Olender
15. Birthplace (City, town, or county) POLAND (State or foreign country)

16. (a) Informant Stella Gulewitz
(b) Address 5577 Era

17. (a) BURIAL (Burial, cremation, or removal) (b) Date thereof 3 1 48 (Month) (Day) (Year)
(c) Place: burial or cremation CALVRY CEMETERY

18. (a) Signature of funeral director St. Louis Funeral Home
(b) Address 2205 St. Louis Avenue.

19. (a) FEB 2 0 1948 (Date received local registrar) (b) J. F. Bredeck (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month February day 27 year 1948 hour 2 minute 10 P.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.

Immediate cause of death Labor Pneumonia Compound fracture of both legs When he was struck by an automobile driver by one Harold Joseph Theles at the intersection of North Florissant and Benton

Due to

Due to

Other conditions Arrived 8:29 PM Fatrum
(Include pregnancy within 3 months of death)
23 1948

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) Accident

(b) Date of occurrence Feb 23 1948 Day

(c) Where did injury occur? St Louis (City or town) (County) (State)

(d) Did injury occur in or about home, on farm, in industrial place, in public place? Public place (Specify type of place)

While at work? (e) Means of injury seeabor

23. Signature Alfred Perry (M. D. or other)

Address Apartments Date signed 3/28/48

(Licensed Embalmer's Statement on Reverse Side)

APR 15 1949

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 Henry H. Roe

Licensed Embalmer No. 4200

P. O. Address.....

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.