No. 2
—1/47
5-17-39

FEDERAL SECURITY AGENCY
National Office of Vital Statistics

FILED APR 30 1948

MISSOURI DIVISION OF HEALTH

STANDARD CERTIFICATE OF DEATH

State File No. 15059

Registration District No. 517

Primary Registration District No. 6076

Registrar's No. 956

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

1. PLACE OF DEATH:
(a) County St. Louis
(b) City or town Jefferson Barracks, Mo.
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: Veterans Administration Hospital
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution 1 month 18 days (Specify whether
In this community 1 month 18 days years, months or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Missouri (b) County
(c) City or town St. Louis
(If outside city or town limits, write "RURAL")
(d) Street No. 3152 a Brantner Place
(If rural, give location)
(e) Citizen of foreign country? No (Yes or No)
If yes, name country

3. (a) PRINT FULL NAME TALLEY, Burton
3. (b) If veteran, name war WW-1
3. (c) Social Security No. 50266033
4. Sex Male
5. Color or race Negro
6. (a) Single, widowed, married, divorced Divorced
6. (b) Name of husband or wife
6. (c) Age of husband or wife if alive years
7. Birth date of deceased May (Month) 15 (Day) 1898 (Year)

8. AGE:	Years	Months	Days	If less than one day
	49	10	23	hr. min.

9. Birthplace Carey, Mississippi (City, town, or county) (State or foreign country)
10. Usual occupation Laborer
11. Industry or business
FATHER
12. Name Mr. Tom Talley
13. Birthplace Washington N.C. (City, town, or county) (State or foreign country)
MOTHER
14. Maiden name Mary E. Elijah
15. Birthplace Washington N.C. (City, town, or county) (State or foreign country)
16. (a) Informant Registrar, VA Hospital
(b) Address Jefferson Barracks, Mo.
17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 4-14-48 (Month) (Day) (Year)
(c) Place: burial or cremation Jefferson Brks, National
18. (a) Signature of funeral director Jas. H. Randle & Son
(b) Address 3133 Bell, St. Louis, Mo.
19. (a) 4-14-48 (Date received local registrar) (b) Paula Shaw MD MSC (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month April day 8 year 1948 hour 11:04 minute P. M.

21. I hereby certify that I attended the deceased from February 20, 1948, to April 8, 1948 that I last saw him alive on April 8, 1948 and that death occurred on the date and hour stated above.

	Duration
Immediate cause of death Uremia, secondary to Glomerulonephritis and Urethral Stricture	Unknown
Due to	
Due to	
Other conditions None (Include pregnancy within 3 months of death)	

Major findings:
Of operations 3/11/48 Cystotomy
Of autopsy See cause of death

PHYSICIAN
Underline the cause of which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide (specify) None
(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 L. E. Shelwell (M. D. ~~or other~~)
Address VAH, Jeff. Brks. Mo. Date signed

Jefferson City Printing Co.

(Licensed Embalmer's Statement on Reverse Side)

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 S. J. Gates

Licensed Embalmer No. 269

P. O. Address 2769 Chouteau

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.