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17-39  
1 3906

FILED NOV 30 1948  
Registration District No. 19487

Primary Registration District No. 6576

State File No. \_\_\_\_\_  
Registrar's No. 2564

WRITE PLAINLY—USE 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 D  
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution 2 days  
(Specify whether years, months or days)

In this community 51 years  
(Specify whether years, months or days)

2. USUAL RESIDENCE OF DECEASED:

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

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

(d) Street No. 5227 Ulena  
(If rural, give location)

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

If yes, name country \_\_\_\_\_

3: (a) PRINT FULL NAME TALBOTT, James Mitchell

3. (b) If veteran, name war WW-I

3. (c) Social Security No. 494-10-1751

4. Sex Male 5. Color or race White

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

6. (b) Name of husband or wife Della

6. (c) Age of husband or wife if alive 52 years

7. Birth date of deceased January 12, 1897  
(Month) (Day) (Year)

8. AGE:	Years	Months	Days	If less than one day
	<u>51</u>	<u>9</u>	<u>23</u>	hr. _____ min. _____

9. Birthplace St. Louis, Missouri  
(City, town, or county) (State or foreign country)

10. Usual occupation Express handler

11. Industry or business \_\_\_\_\_

12. Name William Talbott

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

14. Maiden name Mary O'Brien

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

16. (a) Informant Registrar, VAH

(b) Address Jefferson Barracks, Missouri

17. (a) Burial (b) Date thereof: 11/8/48  
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Nat'l. Cem., Jeff. Brks., Mo.

18. (a) Signature of funeral director Wacker-Helderle Fun. H.

(b) Address 3634 Gravois, St. Louis, Mo.

19. (a) 1-3-48 (b) Paul A. Hampton  
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month November day 5  
year 1948 hour 11:10 minute a. M.

21. I hereby certify that I attended the deceased from November 3, 1948 to November 5, 1948  
that I last saw him alive on November 5, 1948  
and that death occurred on the date and hour stated above.

Immediate cause of death CANCER OF PANCREAS WITH METASTASIS TO LIVER.  
PANCREATITIS, CHRONIC

Duration  
Unk  
Unk

Due to \_\_\_\_\_

Due to 469

Other conditions \_\_\_\_\_  
(Include pregnancy within 3 months of death)

Major findings:  
Of operations none

Of autopsy none

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? \_\_\_\_\_

While at work? L. E. Stilwell  
(Specify type of place) (Manner of injury)

23. Signature L. E. STILWELL (M. D. 2003)

Address VAH, Jeff. Brks., Mo. Date signed 11/5/48

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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

*Robert Wheeler*

Licensed Embalmer No. *2128*

P. O. Address *St Louis 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.**