

FILED APR 27 1949

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 14215
3465

BIRTH NO. _____		REG. DIST. NO. 318		PRIMARY REG. DIST. NO. 1003		Registrar's No. _____	
1. PLACE OF DEATH a. COUNTY _____				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE Missouri b. COUNTY _____			
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN St. Louis		c. LENGTH OF STAY (in this place) _____		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN St. Louis		17 9	
d. FULL NAME OF HOSPITAL OR INSTITUTION 4154 Grove				d. STREET ADDRESS (If rural, give location) 4154 Grove			
3. NAME OF DECEASED (Type or Print) a. (First) William b. (Middle) Olen c. (Last) Talcott			4. DATE OF DEATH (Month) (Day) (Year) April 15, 1949				
5. SEX Male		6. COLOR OR RACE White		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Married		8. DATE OF BIRTH June 16, 1897	
9. AGE (In years last birthday) 51		IF UNDER 1 YEAR Months _____ Days _____		IF UNDER 1 HR. Hours _____ Mins. _____			
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Trucker			10b. KIND OF BUSINESS OR INDUSTRY Warehouse		11. BIRTHPLACE (State or foreign country) Effingham, Ill.		12. CITIZEN OF WHAT COUNTRY? _____
13a. FATHER'S NAME Walter B. Talcott			13b. MOTHER'S MAIDEN NAME Dorothy C. Carr		14. NAME OF HUSBAND OR WIFE Magdalena Talcott		
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) Yes World War I		16. SOCIAL SECURITY NO. 327-12-4835		17. INFORMANT'S SIGNATURE OR NAME Magdalena Talcott			ADDRESS 4154 Grove
18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c) *This does not mean the mode of dying, such as heart failure, asthma, etc. It means the disease, injury, or complication which caused death.		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Coronary occlusion ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) Ch. Myocarditis DUE TO (c) Arterio Sclerosis II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.					INTERVAL BETWEEN ONSET AND DEATH 1da
19a. DATE OF OPERATION none		19b. MAJOR FINDINGS OF OPERATION H.					20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>
21a. ACCIDENT SUICIDE HOMICIDE (Specify) none		21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) 1		21c. (CITY, TOWN, OR TOWNSHIP) _____ (COUNTY) _____ (STATE) _____			
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) _____		21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21f. HOW DID INJURY OCCUR? H.			
22. I hereby certify that I attended the deceased from 1-8, 14, 19, to 4-15, 1949 , that I last saw the deceased alive on 4-14, 1949 , and that death occurred at 3 p. m. , from the causes and on the date stated above.							
23a. SIGNATURE (Degree or title) Dr. H. Linkerhus MD				23b. ADDRESS 340 Bermuda Ave		23c. DATE SIGNED 4-16-49	
24a. BURIAL, CREMATION, REMOVAL (Specify) Burial		24b. DATE 4/19/49	24c. NAME OF CEMETERY OR CREMATORY National Cemetery		24d. LOCATION (City, town, or county) (State) Jefferson Barracks, Mo.		
DATE REC'D BY LOCAL REG. APR 18 1949		REGISTRAR'S SIGNATURE J. Basater		25. FEDERAL DIRECTOR'S SIGNATURE Chas. F. Stuart			

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

MAY 14 1926

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 me

Student Embalmer No.

working under my personal supervision.

Student
Student Embalmer

Signed Guy W. Wilkinson

Licensed Embalmer No. 3575

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.