No. 300
10.48

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

FILED MAY 27 1949

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 17743
Registrar's No. 4552

BIRTH NO. _____ REG. DIST. NO. 318 PRIMARY REG. DIST. NO. 1003

1. PLACE OF DEATH
a. COUNTY: St. Louis County
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): St. Louis
c. LENGTH OF STAY (In this place): 1
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): Barnes Hospital

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Illinois
b. COUNTY: Madison
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Woodriver
d. STREET ADDRESS (If rural, give location): NR.

1949 11 2

3. NAME OF DECEASED (Type or Print)
a. (First): Ernest
b. (Middle): Earl
c. (Last): Talley

4. DATE OF DEATH (Month) (Day) (Year): May 22 1949

5. SEX: Male
6. COLOR OR RACE: White
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): Widowed
8. DATE OF BIRTH: July 24 1913
9. AGE (In years last birthday): 35 — If under 1 year: Months ___ Days ___ Hours ___ Min. ___

10a. USUAL OCCUPATION (Give kind of work doing most of working life, even if retired): Laborer
10b. KIND OF BUSINESS OR INDUSTRY: Laclede St. Co. Alton, Ill.
11. BIRTHPLACE (State or foreign country): Green County, Illinois
12. CITIZEN OF WHAT COUNTRY?: U. S. A.

13a. FATHER'S NAME: Jesse Talley
13b. MOTHER'S MAIDEN NAME: Lillie Mae Cato
14. NAME OF HUSBAND OR WIFE: Helen Lucile Hopwood

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): ----
(If yes, give war or dates of service): ----
16. SOCIAL SECURITY NO.: ----
17. INFORMANT'S SIGNATURE OR NAME ADDRESS: Jessie Talley, Carrollton, Illinois

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, asthenia, etc. It means the disease, injury, or complication which caused death.

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Fracture of skull Extra dural Hematoma suffered when

ANTECEDENT CAUSES

Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.

DUE TO (b) deceased was injured when his home was struck

DUE TO (c) by a tornado at about 6 00 pm on May 21 1949

INTERVAL BETWEEN ONSET AND DEATH: 136

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION
19b. MAJOR FINDINGS OF OPERATION: Accident
20. AUTOPSY? YES ☑ NO ☐

21a. ACCIDENT SUICIDE HOMICIDE (Specify): Accident
21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.): Home
21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE): Woodriver Ill.
21d. TIME OF INJURY (Month) (Day) (Year) (Hour): May 21 49 6 00 p.m.
21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐
21f. HOW DID INJURY OCCUR?: Tornado

22. *I hereby certify that I attended the deceased from* 2, 19___, *to* _____, 19___, *that I last saw the deceased alive on* 7, 19___, *and that death occurred at* 440A *m., from the causes and on the date stated above.* 23

23a. SIGNATURE (Degree or title): Patrick E Taylor Coroner
23b. ADDRESS: 1300 Clark St
23c. DATE SIGNED: 5-23-49

24a. BURIAL, CREMATION, REMOVAL (Specify): Removal
24b. DATE: May 25 1949
24c. NAME OF CEMETERY OR CREMATORY: Carrolton City Cem.
24d. LOCATION (City, town, or county) (State): Green County, Illinois

DATE REC'D BY LOCAL REG. MAY 23 1949
REGISTRAR'S SIGNATURE: J. B. Lasater
25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS: Albert H. Hoppe, Inc. 4700 Washington

(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~~ me

....., Student Embalmer No. .....

working under my personal supervision.

Student .....
Student Embalmer

Signed Ray W Wilkinson

Licensed Embalmer No. 3575

P. O. Address Ft Louis M

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply w the above constitutes grounds for revocation of license.)

If this body is not embalmed, fact should be so stated above.