

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

28606

State File No.

FILED SEP 2 1949

BIRTH NO. 53802-49 REG. DIST. NO. 318 PRIMARY REG. DIST. NO. 1003 Registrar's No. 7378

1. PLACE OF DEATH a. COUNTY		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>Mo</u> b. COUNTY <u>St Louis</u>	
b. CITY (If outside corporate limits, write RURAL and give township) <u>St Louis</u>		c. CITY (If outside corporate limits, write RURAL and give township) <u>Kirkwood</u>	
c. LENGTH OF STAY (in this place)		d. STREET ADDRESS (If rural, give location) <u>RR-405 Fairwood Lane</u>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>Deaconess Hosp</u>			
3. NAME OF DECEASED (Type or Print) a. (First) <u>INFANT</u> b. (Middle) <u>TALLMAN</u> c. (Last)			4. DATE OF DEATH (Month) (Day) (Year) <u>8-24-49</u>
5. SEX <u>F</u>	6. COLOR OR RACE <u>W</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify)	8. DATE OF BIRTH <u>8-24-49</u>
9. AGE (In years last birthday)		IF UNDER 1 YEAR Months	IF UNDER 12 HRS. Days Hours Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)		10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country) <u>St Louis (I)</u>
12. CITIZEN OF WHAT COUNTRY?		13a. FATHER'S NAME <u>Robt Tallman</u>	
13b. MOTHER'S MAIDEN NAME <u>Betty Childs</u>		14. NAME OF HUSBAND OR WIFE	
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 AND ADDRESS <u>Robt Tallman 405 Fairwood Lane Kirkwood Mo</u>			

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		INTERVAL BETWEEN ONSET AND DEATH
	1. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Atelectasis</u>		
	ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <u>Prematurity</u> DUE TO (c)		
11. OTHER SIGNIFICANT CONDITIONS: Conditions contributing to the death but not related to the disease or condition causing death. <u>Placenta previa in mother</u>			

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>
21a. ACCIDENT SUICIDE HOMICIDE (Specify)	21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)	21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE) <u>157</u>
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) (Min)	21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	21f. HOW DID INJURY OCCUR? <u>762.5</u>

22. I hereby certify that I attended the deceased from 8/24, 1949, to 8/24, 1949 that I last saw the deceased alive on 8/24, 1949 and that death occurred at m., from the causes and on the date stated above.

23a. SIGNATURE <u>Louis Kertz, M.D.</u>	(Degree or title)	23b. ADDRESS <u>4952 Maryland</u>	23c. DATE SIGNED <u>8/24/49</u>
24a. BURIAL, CREMATION, REMOVAL (Specify)	24b. DATE <u>8-25-49</u>	24c. NAME OF CEMETERY OR CREMATORY <u>Preston, Iowa</u>	24d. LOCATION (City, town, or county) (State)

DATE REC'D BY LOCAL REG. <u>AUG 25 1949</u>	REGISTRAR'S SIGNATURE <u>J. B. Basista</u>	25. FUNERAL DIRECTOR'S SIGNATURE <u>Louis H. Bapp, Pres</u>	ADDRESS <u>Kirkwood Mo</u>
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WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

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.....

..... Student Embalmer No.

.....
working under my personal supervision.

Student
Student Embalmer

Signed.....

Felix Howard

Licensed Embalmer No. *3034*

P. O. Address *Kenwood 22*

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.