

No. 300
10. 48

Reg. No. 141951
XC-15 848 832
CF: Chicago, Ill.

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

19066

State File No.

BIRTH NO. _____ REG. DIST. NO. 317 PRIMARY REG. DIST. NO. 6076 Registrar's No. 2369

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| 1. PLACE OF DEATH a. COUNTY ST. LOUIS | | 2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE ILLINOIS b. COUNTY MADISON | |
| b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN JEFF. BRKS, MO. | | c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN COLLINSVILLE 8120 | |
| d. FULL NAME OF HOSPITAL OR INSTITUTION VETS ADMINISTRATION HOSP. | | d. STREET ADDRESS (If rural, give location) 701 STRONG AVENUE 8 | |

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|-----------------------------------------------------------------|-----------------------|---------------------------|--------------------------------------------------------|
| 3. NAME OF DECEASED (Type or Print) a. (First) ALBERT | b. (Middle) R. | c. (Last) TALENSKI | 4. DATE OF DEATH (Month) (Day) (Year) 6-5-51 |
|-----------------------------------------------------------------|-----------------------|---------------------------|--------------------------------------------------------|

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|--------------------|-------------------------------|-----------------------------------------------------------------------|---------------------------------|-------------------------------------------|------------------------|----------------------|-------|------|
| 5. SEX MALE | 6. COLOR OR RACE WHITE | 7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) MARRIED | 8. DATE OF BIRTH 1-20-91 | 9. AGE (In years last birthday) 60 | IF UNDER 1 YEAR Months | IF UNDER 6 HRS. Days | Hours | Min. |
|--------------------|-------------------------------|-----------------------------------------------------------------------|---------------------------------|-------------------------------------------|------------------------|----------------------|-------|------|

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| 10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Miner | 10b. KIND OF BUSINESS OR INDUSTRY --- | 11. BIRTHPLACE (State or foreign country) COLLINSVILLE, ILLINOIS | 12. CITIZEN OF WHAT COUNTRY? USA |
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|----------------------------------------------|--------------------------------------------------|--------------------------------------------------|
| 13a. FATHER'S NAME FREDERICK TALENSKI | 13b. MOTHER'S MAIDEN NAME CAROLINE KRAUSE | 14. NAME OF HUSBAND OR WIFE RUTH TALENSKI |
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| 15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) YES | 16. SOCIAL SECURITY NO. (If yes, give war or date of service) WWI 488-03-7793 | 17. INFORMANT'S SIGNATURE OR NAME ADDRESS VA HOSPITAL RECORDS, JEFF. BKS, MO. |
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| 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, ashenia, etc. It means the disease, injury, or complication which caused death. | MEDICAL CERTIFICATION | | INTERVAL BETWEEN ONSET AND DEATH |
| | I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) MYOCARDIAL INFARCTION | | |
| | ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) ARTERIOSCLEROTIC HEART DISEASE DUE TO (c) _____ II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. | | |

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| 19a. DATE OF OPERATION | 19b. MAJOR FINDINGS OF OPERATION U20.0 | 20. AUTOPSY? YES <input checked="" type="checkbox"/> NO <input type="checkbox"/> |
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|------------------------------------------|------------------------------------------------------------------------------------------|-------------------------------------------------|
| 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) |
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| 21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m. | 21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/> | 21f. HOW DID INJURY OCCUR? |
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22. I hereby certify that I attended the deceased from May 7, 1951, to June 5, 1951, and that death occurred at 11:25P m., from the causes and on the date stated above.

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| 23. SIGNATURE (Degree or title) M.D. | 23b. ADDRESS VA HOSPITAL, JEFF BKS MO | 23c. DATE SIGNED 6-6-51 |
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|----------------------------------------------------------|---------------------------|-------------------------------------------------------------|-------------------------------------------------------------------------|
| 24a. BURIAL, CREMATION, REMOVAL (Specify) Removal | 24b. DATE 6-6-1951 | 24c. NAME OF CEMETERY OR CREMATORY LUTHERAN CEMETERY | 24d. LOCATION (City, town, or county) (State) COLLINSVILLE, ILL. |
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| DATE REC'D BY LOCAL REG. 6-6-51 | REGISTRAR'S SIGNATURE Richard P. Lomke M.D. | 25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS Rowland Mortuary Service Inc. 4104 Manchester Ave. St. Louis 10, Mo. |
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(Licensed Embalmer's Assent on Reverse Side)

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

JUL 23 1951

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 *Peter Duboisillet*

Licensed Embalmer No. *3491*

P. O. Address *St Louis 10 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.