

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. **27471**
Registrar's No. **64**

FILED SEP 4 1951

BIRTH NO. _____		REG. DIST. NO. 162		PRIMARY REG. DIST. NO. 5594		Registrar's No. 64			
1. PLACE OF DEATH a. COUNTY JEFFERSON 0540 5				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 RURAL MERAMEC		c. LENGTH OF STAY (In this place) 5 MON.		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN ST. LOUIS		2 149			
d. FULL NAME OF (If not in hospital or institution, give street address or location) HOSPITAL OR INSTITUTION ST. JOSEPHS HILL INFIRMARY				d. STREET ADDRESS 5653 (If rural, give location) MURDOCK 1					
3. NAME OF DECEASED (Type or Print) FRED		a. (First)		b. (Middle)		c. (Last)			
				TALBOT		4. DATE OF DEATH (Month) (Day) (Year) 8 20 1951			
5. SEX MALE	6. COLOR OR RACE WHITE	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) MARRIED	8. DATE OF BIRTH AUG 23 1864		9. AGE (In years last birthday) 86	IF UNDER 1 YEAR Months	IF UNDER 12 HRS. Days	IF UNDER 12 HRS. Hour	IF UNDER 12 HRS. Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) SALESMAN			10b. KIND OF BUSINESS OR INDUSTRY FIRE CLAY CO			11. BIRTHPLACE (State or foreign country) ENGLAND		12. CITIZEN OF WHAT COUNTRY? AMERICA	
13a. FATHER'S NAME THOMAS TALBOT			13b. MOTHER'S MAIDEN NAME MARIA MODDY			14. NAME OF HUSBAND OR WIFE JOSEPHINE BLATZ			
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) No			16. SOCIAL SECURITY NO. UNKNOWN		17. INFORMANT'S SIGNATURE OR NAME ADDRESS BROTHER CONRADO S.F. ST. JOSEPH HILL				
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) CARDIC INSUFFICIENCY ANTECEDENT CAUSES As forbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) CHRONIC MYOCARDITIS DUE TO (c) GENERALIZED ARTERIOSELEROSIS						INTERVAL BETWEEN ONSET AND DEATH	
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)					
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?					
22. I hereby certify that I attended the deceased from MARCH 19, 1951 , to AUG 20, 1951 , that I last saw the deceased alive on AUGUST 20, 1951 , and that death occurred at 2:40 AM. , from the causes and on the date stated above.									
23a. SIGNATURE (Degree or title) [Signature]				23b. ADDRESS 4323 ROLAND BLVD		23c. DATE SIGNED 8/20/51			
24a. BURNAL, CREMATION, REMOVAL (Specify) BURIAL		24b. DATE AUG. 27, 1951	24c. NAME OF CEMETERY OR CREMATORY OAK GROVE CEMETERY		24d. LOCATION (City, town, or county) (State) ST. LOUIS, MO.				
DATE REC'D BY LOCAL REG. 8/25/51		REGISTRAR'S SIGNATURE Ruth Jones 434		25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS KRIEGSHAUSER 4248 S. KINGSHIGHWAY ST. LOUIS, MO.					

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

JEFFERSON COUNTY HEALTH DEPT.
HILLSBORO, MISSOURI

DATE RECEIVED

8-27-51

SEP 5 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 Edwin A. Hermatt

Licensed Embalmer No. 3024

P. O. Address _____

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.