

FILED OCT 10 1951

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

State File No. **31897**  
Registrar's No. **8321**

BIRTH NO. **42127-57** REG. DIST. NO. **318** PRIMARY REG. DIST. NO. **1003**

1. PLACE OF DEATH a. COUNTY		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE <b>Mo</b> b. COUNTY <b>Boone</b>	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <b>St. Louis Mo.</b>		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <b>COLUMBIA</b> <b>0105</b>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <b>ST. LOUIS CHILDRENS</b>		d. STREET ADDRESS (If rural, give location) <b># 5 WESTRIDGE</b> <b>1</b>	

3. NAME OF DECEASED a. (First) <b>WILLIAM</b> b. (Middle) <b>STEWART</b> c. (Last) <b>TALLEN</b>			4. DATE OF DEATH (Month) (Day) (Year) <b>9-19-51</b>		
5. SEX <b>MALE</b>	6. COLOR OR RACE <b>WHITE</b>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <b>SINGLE</b>	8. DATE OF BIRTH <b>7-26-51</b>	9. AGE (In years last birthday) <b>15</b>	IF UNDER 1 YEAR Months <b>15</b>
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <b>None</b>		10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country) <b>Columbia, Mo. D</b>		12. CITIZEN OF WHAT COUNTRY? <b>AMERICA</b>

13a. FATHER'S NAME <b>GEORGE W. TALLEN</b>	13b. MOTHER'S MAIDEN NAME <b>JEAN STEWART</b>	14. NAME OF HUSBAND OR WIFE <b>None</b>
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <b>No</b>	16. SOCIAL SECURITY NO. <b>None</b>	17. INFORMANT'S SIGNATURE OR NAME <b>L. AURICH, 500 S. KINGS HIGHWAY</b>

18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c)  <i>*This does not mean the mode of dying, such as heart failure, asphyxia, etc. It means the disease, injury, or complication which caused death.</i>	MEDICAL CERTIFICATION		INTERVAL BETWEEN ONSET AND DEATH
	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <b>heart failure</b>		
	ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <b>coarctation of aorta &amp; ? transposition of great vessels</b>		
	DUE TO (c)		
	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	20. AUTOPSY? YES <input checked="" type="checkbox"/> NO <input 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)	21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	21f. HOW DID INJURY OCCUR? <b>75 ft. S</b>

22. I hereby certify that I attended the deceased from **9-11, 1951**, to **9-19, 1951**, that I last saw the deceased alive on **9-19, 1951**, and that death occurred at **9:00 p.m.**, from the causes and on the date stated above.

23a. SIGNATURE <i>Dr. L. Thurston</i>	(Degree or title)	23b. ADDRESS <b>St. Louis Childrens Hosp</b>	23c. DATE SIGNED <b>9-19-51</b>
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24a. BURIAL, CREMATION, REMOVAL (Specify) <b>Removal</b>	24b. DATE <b>9-20-51</b>	24c. NAME OF CEMETERY OR CREMATORY <b>Columbia, Mo.</b>	24d. LOCATION (City, town, or county) (State)
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DATE REC'D BY LOCAL REG. <b>SEP 20 1951</b>	REGISTRAR'S SIGNATURE <i>J. Carl Smith MD</i>	25. FUNERAL DIRECTOR'S SIGNATURE <b>Albert H. Hoppe</b>	ADDRESS <b>4700 Washington Blvd.</b>
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(Licensed Embalmer's Statement on Reverse Side)

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

7-21-68 MSX

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 \_\_\_\_\_

working under my personal supervision.

Student Embalmer No. ....

Signed Robert M. Murray

Signed.....  
Student Embalmer

Licensed Embalmer No. 3749

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.