S. No. 300
v. 10-48

JUL 5
XC PENDING
REG. # 102995

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 23212

BIRTH NO. _____ REG. DIST. NO. 317 PRIMARY REG. DIST. NO. 500 Registrar's No. 1731

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

1000

1. PLACE OF DEATH
a. COUNTY: ST. LOUIS
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): JEFFERSON BARRACKS, MO.
c. LENGTH OF STAY (in this place): 2 DAYS
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): VETERANS ADMINISTRATION HOSPITAL

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: ILLINOIS
b. COUNTY: ST. CLAIR
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): E. ST. LOUIS 8120
d. STREET ADDRESS (If rural, give location): 1420 NORTH 13TH STREET

3. NAME OF DECEASED (Type or Print)
a. (First): ROBERT
b. (Middle): RUSSEL
c. (Last): TALBERT

4. DATE OF DEATH (Month) (Day) (Year): 6-25-52

5. SEX: MALE 0
6. COLOR OR RACE: WHITE
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): MARRIED 1
8. DATE OF BIRTH: 5-9-96
9. AGE (In years last birthday): 56 — If under 1 year: Months / Days — If under 24 hrs.: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): PORTER
10b. KIND OF BUSINESS OR INDUSTRY: TAVERN
11. BIRTHPLACE (City and State or Foreign Country): CASEYVILLE, ILLINOIS 1
12. CITIZEN OF WHAT COUNTRY?: USA

13a. FATHER'S NAME: UNKNOWN
13b. MOTHER'S MAIDEN NAME: MOLLY THOMPSON
14. NAME OF HUSBAND OR WIFE: ANNA TALBERT

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): YES (If yes, give war or dates of service): WW-1
16. SOCIAL SECURITY NO.: UNKNOWN
17. INFORMANT'S SIGNATURE OR NAME / ADDRESS: VA HOSPITAL RECORDS, JEFF BRKS MO.

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

1. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a): MESENTERIC THROMBOSIS, MASSIVE WITH GANGRENE, 90% OF BOWEL
ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b): XXXXX
DUE TO (c): NONE
II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.: NONE

INTERVAL BETWEEN ONSET AND DEATH: 1 WEEK

19a. DATE OF OPERATION: NONE
19b. MAJOR FINDINGS OF OPERATION: 5702
20. AUTOPSY? YES [X] NO [ ]

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) m.
21e. INJURY OCCURRED WHILE AT WORK [ ] NOT WHILE AT WORK [ ]
21f. HOW DID INJURY OCCUR?

22. *I hereby certify that* VA *attended the deceased from* 6-23-52, *to* 6-25-52, ~~[illegible]~~ *and that death occurred at* 7:20P *m., from the causes and on the date stated above.*

23a. SIGNATURE Emmett D. Wall (Degree or title): M.D.
23b. ADDRESS: VET ADM HOSP, JEFF BRK, MO.
23c. DATE SIGNED: 6-26-52

24a. BURIAL, CREMATION, REMOVAL (Specify): Burial
24b. DATE: June 30, 1952
24c. NAME OF CEMETERY OR CREMATORY: NATIONAL CEMETERY
24d. LOCATION (City, town, or county) (State): JEFFERSON BARRACKS, MO.

DATE REC'D BY LOCAL REG.: 6-26-52
REGISTRAR'S SIGNATURE: Herbert B. Domke MD
25. FUNERAL DIRECTOR'S SIGNATURE / ADDRESS: Joseph J. Kassly, E St Louis Ill

SW (Licensed Embalmer's Statement on Reverse Side)

JUL 22 1952

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.

Not Embalmed

Student _____
Student Embalmer

Signed John J. Kassly

Licensed Embalmer No. F-800 SL

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.