

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

12393

FILED APR 4 1953

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1003 State File No. 3014 Registrar's No.

BIRTH NO. _____ REG. DIST. NO. _____ PRIMARY REG. DIST. NO. _____

1. PLACE OF DEATH a. COUNTY		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 town) ST. LOUIS,		c. CITY (If outside corporate limits, write RURAL and give township) ST. LOUIS, 2109	
c. LENGTH OF STAY (In this place)		d. STREET ADDRESS (If rural, give location) 10 4440 a FARLIN AVE 0	
d. FULL NAME OF HOSPITAL OR INSTITUTION 4440 a FARLIN AVE			

3. NAME OF DECEASED (Type or Print) a. (First) ANNA b. (Middle) c. (Last) EANTER TALLEUR		4. DATE OF DEATH (Month) (Day) (Year) MARCH 18 1953	
5. SEX FEMALE	6. COLOR OR RACE WHITE	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) WIDOW	8. DATE OF BIRTH 7/2/1882
9. AGE (In years last birthday) 70	10. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) HOUSEWIFE	10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (City and State or Foreign Country) ST. LOUIS MISSOURI
12. CITIZEN OF WHAT COUNTRY? U.S.A.			

13a. FATHER'S NAME ANTON WETS	13b. MOTHER'S MAIDEN NAME UNKNOWN	14. NAME OF HUSBAND OR WIFE FRANK TALLEUR
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15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) NO	16. SOCIAL SECURITY NO. # 493007-5053	17. INFORMANT'S SIGNATURE OR NAME FRANK TALLEUR	ADDRESS 4440 a FARLIN AVE
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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, asthma, etc. It means the disease, injury, or complication which caused death.	MEDICAL CERTIFICATION		INTERVAL BETWEEN ONSET AND DEATH 67 mo
	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <i>Carcinoma of Pancreas</i>		
	ANTECEDENT CAUSES Morbidity conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (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 Feb 5 1953	19b. MAJOR FINDINGS OF OPERATION Ca of Pancreas - OP - Cholecystojejunostomy	20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" 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)
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? 157X

22. I hereby certify that I attended the deceased from Oct 7, 1952, to Mar 17, 1953, that I last saw the deceased alive on Nov 16, 1953 and that death occurred at 7:20 A.M., from the causes and on the date stated above.

23a. SIGNATURE <i>Frank Talleur</i>	(Degree or title)	23b. ADDRESS 2739 No General	DATE SIGNED MAR 19 1953
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24a. BURIAL, CREMATION, REMOVAL (Specify) BURIAL	24b. DATE 3/21/53	24c. NAME OF CEMETERY OR CREMATORY CALVARY CEMETERY	24d. LOCATION (City, town, or county) (State) ST. LOUIS MISSOURI
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DATE REC'D BY LOCAL REG. MAR 19 1953	REGISTRAR'S SIGNATURE <i>J. Cash Smith</i>	25. FUNERAL DIRECTOR'S SIGNATURE STROOT - CARROLL	ADDRESS 4600 NATURAL BRIDGE
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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

Albert Mayfield

Licensed Embalmer No.

3077

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.