

FILED DEC 2 - 1957

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

42679

STATE FILE NUMBER

Registration District No. **318** Primary Registration District No. **1003** Registrar's No. **10687**

S. 300
1-57
C
Doctor, coroner, etc. must use only standard nomenclature in item 18. No symptoms will be listed. All diseases in Part I must be causally related.

USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE
MEDICAL CERTIFICATION

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, give TOWNSHIP only) OR TOWN St. Louis		c. CITY OR TOWN St. Louis	
c. FULL NAME OF (IF NOT in hospital, give location) HOSPITAL OR INSTITUTION Firmin Desloge Hosp.		d. STREET ADDRESS (If outside, give location) 1736 Nicholson Pl.	
3. NAME OF DECEASED (Type or print) First Rose Middle Mary Last Tallent		4. DATE OF DEATH Month Nov. Day 7 Year 1957	
5. SEX Female	6. COLOR OR RACE White	7. MARRIED <input checked="" type="checkbox"/> NEVER MARRIED <input type="checkbox"/> WIDOWED <input type="checkbox"/> DIVORCED <input type="checkbox"/>	8. DATE OF BIRTH Sept. 2, 1934
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Housewife		10b. KIND OF BUSINESS OR INDUSTRY at home	11. BIRTHPLACE (City and state or country) Carlinville, Ill.
13a. FATHER'S NAME Fieldon Harris		13b. MOTHER'S MAIDEN NAME Bessie Tallent	14. NAME OF HUSBAND OR WIFE
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown) (If yes, give dates of service) no		16. SOCIAL SECURITY NO. unknown	17. INFORMANT Bessie Harris Address 1736 Nicholson Pl.
18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).) PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) Bronchopneumonia of unknown cause, c Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. } DUE TO (b) bilateral atelectasis of lower lobes. DUE TO (c) none.			INTERVAL BETWEEN ONSET AND DEATH 3 weeks
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a). None.			19. WAS AUTOPSY PERFORMED? YES <input checked="" type="checkbox"/> NO <input type="checkbox"/>
20a. ACCIDENT <input type="checkbox"/> SUICIDE <input type="checkbox"/> HOMICIDE <input type="checkbox"/>		20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18.) None	
20c. TIME OF INJURY Hour Month, Day, Year a.m. p.m.			
20d. INJURY OCCURRED WHILE AT <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	20e. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)	20f. CITY, TOWN, OR LOCATION COUNTY STATE	
21. I attended the deceased from Early A.M. 11-7-57 , to 11-7-57 9:50 P.M. and saw her alive on 11-7-57 Death occurred at 9:50 P.M. m on the date stated above; and to the best of my knowledge, from the causes stated.			
22a. SIGNATURE (Degree or title) Leo T. Newell M.D.		22b. ADDRESS Firmin Desloge Hosp.	22c. DATE SIGNED 11-8-57
23a. BURIAL, CREMATION, REMOVAL (Specify) Removal	23b. DATE 11-11-57	23c. NAME OF CEMETERY OR CREMATORY Gillespie Cemetery	23d. LOCATION (City, town, or county) (State) Gillespie, Ill.
24. FUNERAL DIRECTOR Albert H. Hoppe ADDRESS 4700 Washington		25. DATE RECD. BY LOCAL REG. 11-9-57	26. REGISTRAR'S SIGNATURE J. Cash Smith MD W.B.K.

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

Signature of Student Embalmer

Signed *Melvin L. Kemper*

Licensed Embalmer No. *4052*

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 embalmed by a STUDENT, he also shall sign in his OWN handwriting.

If this body is not embalmed, fact should be so stated above.