

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

58-008107
State File No.

FILED FEB 17 1958

BIRTH NO. _____ REG. DIST. NO. 317 PRIMARY REG. DIST. NO. 541 Registrar's No. 186

1. PLACE OF DEATH
a. COUNTY ST. LOUIS

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE MISSOURI b. COUNTY ST. LOUIS

b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN CLAYTON c. LENGTH OF STAY (In this place) DOA

c. CITY OR TOWN CRESTWOOD 4790 d. Is Residence within limits of a city or incorporated town? Yes No

d. FULL NAME OF HOSPITAL OR INSTITUTION DOA St. Louis County Hosp. e. STREET ADDRESS (If rural, give location) 921 SANDERS DRIVE

3. NAME OF DECEASED (Type or Print) a. (First) MARGERIE b. (Middle) H. c. (Last) TALLON 4. DATE OF DEATH (Month) (Day) (Year) IAN 19 1958

5. SEX FEMALE 6. COLOR OR RACE WHITE 7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) MARRIED 8. DATE OF BIRTH MAR. 10 1915 9. AGE (In years last birthday) 42 If UNDER 21: Months Days Hours Min.

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 Foreign Country) PARSONS, KANSAS 12. CITIZEN OF WHAT COUNTRY? U.S.A.

13a. FATHER'S NAME WILLIAM H. SCHLESS 13b. MOTHER'S MAIDEN NAME ELIZABETH C. MENSING 14. NAME OF HUSBAND OR WIFE PAT J. TALLON

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. NONE 17. INFORMANT'S SIGNATURE OR NAME PAT J. TALLON ADDRESS 921 SANDERS DR.

18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c))
I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) unknown natural causes INTERVAL BETWEEN ONSET AND DEATH unk

ANTECEDENT CAUSES
*This does not mean the mode of dying, such as heart failure, asthma, etc. It means the disease, injury, or complication which caused death.
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. liver disease (type not stated)

19a. DATE OF OPERATION _____ 19b. MAJOR FINDINGS OF OPERATION _____ 20. AUTOPSY? YES 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) 583x

21d. TIME OF INJURY (Month) (Day) (Year) (Hour) _____ 21e. INJURY OCCURRED WHILE AT WORK NOT WHILE AT WORK 21f. HOW DID INJURY OCCUR? _____

22. I hereby certify that I attended the deceased from _____, 19____, to _____, 19____, that I last saw the deceased alive on _____, 19____, and that death occurred at _____ m., from the causes and on the date stated above.

23a. SIGNATURE Herbert R. Domke (Degree or title) Herbert R. Domke, MD, Local Registrar 23b. ADDRESS 651 S. Brentwood, Clayton, Mo. 23c. DATE SIGNED 1/28/58

24a. BURIAL, CREMATION, REMOVAL (Specify) BURIAL 24b. DATE JAN 23 1958 24c. NAME OF CEMETERY OR CREMATORY RESURRECTION CEM 24d. LOCATION (City, town, or county) (State) ST. LOUIS COUNTY MO

DATE REC'D BY LOCAL REG. Jan 20 58 REGISTRAR'S SIGNATURE Herbert R. Domke FUNERAL DIRECTOR'S SIGNATURE W. J. Crayton ADDRESS 831 E. Big Bend

(Licensed Embalmer's Statement on Reverse Side) WEBSTER GROVES 19 MO

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.....
Signature of Student Embalmer

Signed *Harvey Kahle*
Licensed Embalmer No. *4596*
P. O. Address *Flouissant*

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.