

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

58-031229  
STATE FILE NUMBER

FILED SEP 12 1958 Registration District No. 317 Primary Registration District No. 541 Registrar's No. 2247

1. PLACE OF DEATH a. COUNTY <u>St. Louis</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE <u>Missouri</u> b. COUNTY <u>St. Louis</u>	
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN <u>Clayton</u> Inside Limits Yes <input type="checkbox"/> No <input type="checkbox"/>		c. CITY OR TOWN <u>St. Ann 4000</u> Inside Limits Yes <input type="checkbox"/> No <input type="checkbox"/>	
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION <u>St. Louis Co. Hosp. D.O.A.</u> Length of stay in 1b		d. STREET ADDRESS (If outside, give location) <u>4034 Geraldine</u> Reside on Farm Yes <input type="checkbox"/> No <input type="checkbox"/>	

3. NAME OF DECEASED (Type or print)  
First Richard Middle Hugh Last Talley

4. DATE OF DEATH Aug. 27 1958  
Month Aug. Day 27 Year 1958

5. SEX Male 6. COLOR OR RACE White 7. MARRIED  NEVER MARRIED  8. DATE OF BIRTH March 7 1935  
WIDOWED  DIVORCED  9. AGE (In years last birthday) 23  
IF UNDER 1 YEAR: Months 0 Days 0 IF UNDER 24 HRS.: Hours 0 Min. 0

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Laborer 10b. KIND OF BUSINESS OR INDUSTRY Labor 11. BIRTHPLACE (City and state or country) St. Louis Mo. 12. CITIZEN OF WHAT COUNTRY? U.S.A.

13. FATHER'S NAME Albert Talley 14. MOTHER'S MAIDEN NAME Ruth Jennings

15. WAS DECEASED EVER IN U.S. ARMY, NAVY, AIR FORCE, MARINE CORPS, OR COAST GUARD? (Yes, no, or unknown) No (If yes, give war or dates of service) No 16. SOCIAL SECURITY NO. 493 36 0307 17. INFORMANT Albert Talley, 4034 Geraldine  
Address

18. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c.)]  
PART I. DEATH WAS CAUSED BY:  
IMMEDIATE CAUSE (a) Drowning  
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. DUE TO (b) \_\_\_\_\_ DUE TO (c) \_\_\_\_\_  
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I(a) 929.8

19. WAS AUTOPSY PERFORMED? YES  NO  2

20a. ACCIDENT  SUICIDE  HOMICIDE  20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Part I or Part II of item 18.) Accidental drowning while fishing

20c. TIME OF INJURY 4:45 Hour 4:45 Month 8 Day 27 Year 58  
XOXO P. M.

20d. INJURY OCCURRED WHILE AT WORK  NOT WHILE AT WORK  20e. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.) lake 20f. CITY, TOWN, OR LOCATION Rural St. Louis Mo.  
COUNTY St. Louis STATE Mo.

21. I attended the deceased from \_\_\_\_\_ to \_\_\_\_\_ and last saw her/him alive on \_\_\_\_\_  
Death occurred at \_\_\_\_\_ m on the date stated above; and to the best of my knowledge, from the causes stated.

22a. SIGNATURE Raymond H. Rain (Degree or title) Coroner 22b. ADDRESS Clayton, Mo. 22c. DATE SIGNED 8/29/58

23a. BURIAL, CREMATION, OR REMOVAL (Specify) Burial 23b. DATE 8)30)58 23c. NAME OF CEMETERY OR CREMATORY Mt. Lebanon Cemetery 23d. LOCATION (City, town, or county) (State) St. Louis County Mo.

24. FUNERAL DIRECTOR Collier Mortuary, St. Ann, Mo. ADDRESS St. Ann, Mo. 25. DATE RECD. BY LOCAL REG. 8-28-58 26. REGISTRAR'S SIGNATURE Herbert P. Donke M.D.

(Licensed Embalmer's Statement on Reverse Side)

Health, Welfare, Public Service  
3  
300  
1-56  
All symptoms will be listed. All diseases in Part I must be casually related. Coroner cannot certify to a death due to natural causes.  
USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE

MEDICAL CERTIFICATION

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 *Sheldon Collier*

Licensed Embalmer No. *33*

P. O. Address *St. Amos*

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.