URI DIVISION OF HEALTH — STANDARD CERTIFICATE OF DEATH

59-034384

FILED VS OCT 8 1959

Registration District No. _____ Primary Registration District No. _____ Registrar's No. 2 8941 STATE FILE NUMBER

ENDED

1. PLACE OF DEATH
a. COUNTY
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN: St. Louis
Length of stay in 1b: 17 yrs.
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION: 5335 Lotus Ave.
Inside Limits: Yes ☒ No ☐

2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)
a. STATE: Missouri
b. COUNTY
c. CITY OR TOWN: St. Louis
Inside Limits: Yes ☒ No ☐
d. STREET ADDRESS (If outside, give location): 5335 Lotus Ave.
Reside on Farm: Yes ☐ No ☒

3. NAME OF DECEASED (Type or print): First LAURA Middle MAE Last TALTON

4. DATE OF DEATH: Month Sept Day 25 Year 1959

5. SEX: Female

6. COLOR OR RACE: Col

7. Married ☒ Never Married ☐ Widowed ☐ Divorced ☐

8. DATE OF BIRTH: 3-14-1920

9. AGE (last birthday): 39

IF UNDER 1 YEAR: Months 6 Days 11
IF UNDER 24 HR: Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Housework

10b. KIND OF BUSINESS OR INDUSTRY

11. BIRTHPLACE (City and state or country): Napton Mo

12. CITIZEN OF WHAT COUNTRY: U S A

13a. FATHER'S NAME: Wellington Wells

13b. MOTHER'S MAIDEN NAME: Louise Bentley

14. NAME OF HUSBAND OR WIFE: George V. Talton

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): No
(If yes, give war or dates of service)

16. SOCIAL SECURITY NO.: 487-32-7627

17. INFORMANT: George V. Talton Address: 5335 Lotus Ave.

MEDICAL CERTIFICATION

18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).
PART I. DEATH WAS CAUSED BY:

IMMEDIATE CAUSE (a): Carcinoma of Breast with

Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.
DUE TO (b): metastases

DUE TO (c): 170 x

INTERVAL BETWEEN ONSET AND DEATH: 1 year

PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a)

PART III. If deceased was female was there a pregnancy in last 90 days. ☐ Yes ☒ No ☐ Unknown

19. WAS AUTOPSY PERFORMED? YES ☐ NO ☒

20a. ACCIDENT ☐ SUICIDE ☐ HOMICIDE ☐

20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18.)

20c. TIME OF INJURY Hour a.m. p.m. Month, Day, Year

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.)

20f. CITY, TOWN, OR LOCATION COUNTY STATE

21. I attended the deceased from Aug 1959 to Sept 25, 1959 and last saw her/him alive on Sept 25 1959
Death occurred at 7:20 P m on the date stated above, and to the best of my knowledge, from the causes stated.

22a. SIGNATURE (Degree or title): F. O. Richards MD

22b. ADDRESS: 4901A Easton Ave

22c. DATE SIGNED: 9-26-59

23a. BURIAL, CREMATION, REMOVAL (Specify): Removal

23b. DATE: 10-1-1959

23c. NAME OF CEMETERY OR CREMATORY: National

23d. LOCATION (City, town, or county) (State): Jefferson Barracks Mo.

24. FUNERAL DIRECTOR: Jas H. Randle & Son ADDRESS: 3133 Bell Ave

25. DATE RECD. BY LOCAL REG.: SEP 28 59

26. REGISTRAR'S SIGNATURE: Hart Smith, M.D.

(Licensed Embalmer's Statement on Reverse Side)

DOCUMENT

BY AFFIDAVIT OF

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by r

or by _____, Student Embalmer No._____

working under my personal supervision.

Student_____ Signed Esther N. Harri

Signature of Student Embalmer

Licensed Embalmer No. 445

P. O. Address 4181 Wa

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to com 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.