URI DIVISION OF HEALTH – STANDARD CERTIFICATE OF DEATH

FILED VS MAY 6 1960

60-017749

STATE FILE NUMBER

Registration District No. 317 Primary Registration District No. 547 Registrar's No. 1361

1. PLACE OF DEATH
a. COUNTY St. Louis
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN Richmond Heights — Length of stay in 1b: 42 yrs.
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION 1719 Bellevue Ave. — Inside Limits: Yes ☑ No ☐

2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)
a. STATE Mo. b. COUNTY St. Louis
c. CITY OR TOWN Richmond Heights — Inside Limits: Yes ☑ No ☐
d. STREET ADDRESS (If outside, give location) 1719 Bellevue Ave. — Reside on Farm: Yes ☐ No ☑

3. NAME OF DECEASED (Type or print): First HARRY Middle HERTHEL Last TALBOT
4. DATE OF DEATH: Month April Day 23 Year 1960
5. SEX: Male
6. COLOR OR RACE: White
7. Married ☑ Never Married ☐ Widowed ☐ Divorced ☐
8. DATE OF BIRTH: Oct. 10, 1888
9. AGE (last birthday): 71 — IF UNDER 1 YEAR: Months 6 Days 13 — IF UNDER 24 HR: Hours Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Asst. Street Commisioner
10b. KIND OF BUSINESS OR INDUSTRY: Richmond Hgts.
11. BIRTHPLACE (City and state or country): St. Paul Minn.
12. CITIZEN OF WHAT COUNTRY: U.S.A.
13a. FATHER'S NAME: Harry Talbot
13b. MOTHER'S MAIDEN NAME: Laura Herthel
14. NAME OF HUSBAND OR WIFE: Vivian Talbot
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.: 490-36-1322
17. INFORMANT: Vivian Talbot Address: 1719 Bellevue

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) Hypostatic Pneumonia — INTERVAL BETWEEN ONSET AND DEATH: 36 hrs
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.
DUE TO (b) Chr Cardio Vascular Renal Dis — Chr
DUE TO (c) Diffuse Chr Atherosclerosis — Chr
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a): Benign Stricture Kidney Cancer
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 June 1st 1958 to April 23, 1960 and last saw her/him alive on April 23-1960
Death occurred at 11:30 am on the date stated above, and to the best of my knowledge, from the causes stated.

22a. SIGNATURE Harold K. Ott (Degree or title) md
22b. ADDRESS 2816 Sutton Ave St Louis 17
22c. DATE SIGNED 4/25/60

23a. BURIAL, CREMATION, REMOVAL (Specify): Burial
23b. DATE: Apr. 26, 1960
23c. NAME OF CEMETERY OR CREMATORY: Resurrection Cem.
23d. LOCATION (City, town, or county) (State): St. Louis, Mo.

24. FUNERAL DIRECTOR: A. H. Bocklage ADDRESS: 6536 Clayton Rd.
25. DATE RECD. BY LOCAL REG.: 4-25-60
26. REGISTRAR'S SIGNATURE: [illegible] 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

or by _____, Student Embalmer No._____

working under my personal supervision.

Student_____
Signature of Student Embalmer

Signed_____

Licensed Embalmer No. 4108

P. O. Address_____

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