

Registration District No. 318; Primary Registration District No. 1003; Registrar's No. 8861

FILED OCT 13 1961

AMENDED
 DATE AMENDED
 10/20/61
 10/20/61
 INSTEAD OF
 Tumor small bowel, type undetermined & ASHD
 DOCUMENT
 Lymphoma, lymphocytic type
 small bowel
 Arteriosclerotic Heart Disease
 attending physician
 MEDICAL CERTIFICATION
 SHOULD READ
 Lymphoma, lymphocytic type
 small bowel
 Arteriosclerotic Heart Disease
 attending physician
 BY AFFIDAVIT OF

1. PLACE OF DEATH a. COUNTY		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE <u>Missouri</u> b. COUNTY	
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN <u>ST. LOUIS, MISSOURI</u>		Length of stay in 1b	c. CITY OR TOWN <u>St. Louis</u>
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION <u>BARNES HOSPITAL</u>		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	d. STREET ADDRESS (If outside, give location) <u>4907 Maryland</u>
3. NAME OF DECEASED (Type or print) First <u>OSCAR</u> Middle <u>F.</u> Last <u>TALLMAN</u>			4. DATE OF DEATH Month <u>SEPTEMBER</u> Day <u>22</u> Year <u>1961</u>
5. SEX <u>Male</u>	6. COLOR OR RACE <u>White</u>	7. Married <input type="checkbox"/> Never Married <input type="checkbox"/> Widowed <input type="checkbox"/> Divorced <input type="checkbox"/>	8. DATE OF BIRTH <u>12/23/79</u>
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>(retired) - Engineer</u>		10b. KIND OF BUSINESS OR INDUSTRY <u>----</u>	11. BIRTHPLACE (City and state or country) <u>Missouri</u>
13a. FATHER'S NAME <u>----- Tallman</u>		13b. MOTHER'S MAIDEN NAME <u>unknown</u>	14. NAME OF HUSBAND OR WIFE <u>Marie Tallman</u>
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <u>unknown</u>		16. SOCIAL SECURITY NO. <u>unknown</u>	17. INFORMANT <u>Betty Jane Parmley-Denver, Colo.</u>
18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c). PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) <u>Lymphoma, lymphocytic type, small bowel, tumor of small bowel, type undetermined and arteriosclerotic heart disease-</u>			INTERVAL BETWEEN ONSET AND DEATH <u>2 YEARS</u>
DUE TO (b) _____			2 YEARS
DUE TO (c) <u>202.1</u>			
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a) <u>ARTERIOSCLEROTIC HEART DISEASE</u>			PART III. If deceased was female was there a pregnancy in last 90 days. <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown
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.)	
20c. TIME OF INJURY Hour _____ a.m. _____ p.m. Month, Day, Year _____			
20d. INJURY OCCURRED WHILE AT WORK <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 <u>MARCH 30, 1957</u> to <u>SEPT. 22, 1961</u> and last saw her/him alive on <u>SEPTEMBER 22, 1961</u> Death occurred at <u>9:35 A. M.</u> on the date stated above, and to the best of my knowledge, from the causes stated.			
22a. SIGNATURE <u>[Signature]</u> (Degree or title) <u>M. D.</u>		22b. ADDRESS <u>BARNES HOSPITAL</u>	22c. DATE SIGNED <u>9/23/61</u>
23a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>	23b. DATE <u>Sept. 25, 1961</u>	23c. NAME OF CEMETERY OR CREMATORY <u>New St. Marcus Ceme.</u>	23d. LOCATION (City, town, or county) <u>St. Louis, Missouri</u>
24. FUNERAL DIRECTOR <u>WACKER-HELDERLE-3634 Gravois Ave.</u>		25. DATE RECD. BY LOCAL REG. <u>SEP 25 1961</u>	26. REGISTRAR'S SIGNATURE <u>[Signature]</u>

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

Pharm M. Q. Billo

Licensed Embalmer No. 4375

P. O. Address St. Louis 23

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.