MISSOURI DIVISION OF HEALTH – STANDARD CERTIFICATE OF DEATH

-62-041181

STATE FILE NUMBER

Registration District No. 317 Primary Registration District No. 541 Registrar's No. 2992

FILED OCT 26 1962

DO NOT WRITE ON THIS STUB

AMENDED

VS 300
Rev. 4/59

14602
24002
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AMENDMENTS ON THIS RECORD ARE AS FOLLOWS

ITEM NO.	SHOULD READ	INSTEAD OF	DATE AMENDED

BY AFFIDAVIT OF DOCUMENT

USE BLACK INK OR TYPEWRITER RIBBON

1. PLACE OF DEATH
a. COUNTY: St. Louis
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN: Clayton — Length of stay in 1b: 15 years
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION: #2 Ladue Lane — Inside Limits: Yes ☒ No ☐

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

3. NAME OF DECEASED (Type or print): First LEOTA Middle MARGARET Last TARLTON
4. DATE OF DEATH: Month October Day 16 Year 1962
5. SEX: Female
6. COLOR OR RACE: White
7. Married ☐ Never Married ☐ Widowed ☒ Divorced ☐
8. DATE OF BIRTH: 3-16-1883
9. AGE (last birthday): 79 — IF UNDER 1 YEAR: Months 7 Days 0 — IF UNDER 24 HR: 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 country): Belleville, Illinois
12. CITIZEN OF WHAT COUNTRY: USA
13a. FATHER'S NAME: Judge Martin Schaefer
13b. MOTHER'S MAIDEN NAME: Unknown
14. NAME OF HUSBAND OR WIFE: G. Locke Tarlton, deceased
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): No (If yes, give war or dates of service): None
16. SOCIAL SECURITY NO.: None
17. INFORMANT: Mrs. Grant Williams, #2 Ladue Lane Address: Clayton, Mo

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): Pulmonary infarction — INTERVAL BETWEEN ONSET AND DEATH: few minutes
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.
DUE TO (b): abdominal vessel thrombosis — 24 hrs.
DUE TO (c): Phlebothrombosis — 5 days.
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 July 1978, to 10/11/62 and last saw her/him alive on 10/15/62 9 Pm
Death occurred at 10:25 A.m. on the date stated above, and to the best of my knowledge, from the causes stated.

22a. SIGNATURE (Degree or title): Charles A. Dutton MD
22b. ADDRESS: 3170 Washington Ave
22c. DATE SIGNED: 10/17/62

23a. BURIAL, CREMATION, REMOVAL (Specify): REMOVAL
23b. DATE: 10-18-62
23c. NAME OF CEMETERY OR CREMATORY: Mt. Hope Cemetery
23d. LOCATION (City, town, or county) (State): Belleville Illinois

24. FUNERAL DIRECTOR: C. G. Kurrus, Jr., E. St. Louis, Ill — ADDRESS
25. DATE RECD. BY LOCAL REG.: 10-17-62
26. REGISTRAR'S SIGNATURE: John G. Murphy M.D.

(Licensed Embalmer's Statement on Reverse Side)

Dr Duden
Beaumont Bldg
20 - CC

Not embalmed

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

KURRUS FUNERAL HOME
Signed C L Kurrus Jr
By V. K. Voigt

Licensed Embalmer No. 3162

P. O. Address E. St. Louis, Illinois

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.