

**MISSOURI STATE BOARD OF HEALTH
BUREAU OF VITAL STATISTICS
CERTIFICATE OF DEATH**

Do not use this space.

21918
6043

1. PLACE OF DEATH

County.....

Registration District No.....

791

Township.....

Primary Registration District No.....

1003

City.....St. Louis.....

(No. Missouri Baptist San't......)

File No.....

Registered No.....

St.....

Ward.....

2. FULL NAME.....Ella Rice Templin.....

(a) Residence. No.....Usona Hotel..... St.,

(Usual place of abode Highway + Waterman)

Length of residence in city or town where death occurred

yrs.

mos.

da.

How long in U.S., if of foreign birth?

yrs.

mos.

da.

12 Ward.

(If nonresident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX

Female.

4. COLOR OR RACE

White.

5. SINGLE, MARRIED, WIDOWED OR DIVORCED (write the word)

Widowed.

5A. IF MARRIED, WIDOWED, OR DIVORCED

HUSBAND OF

(OR) WIFE OF

W. W. Templin.

6. DATE OF BIRTH (MONTH, DAY AND YEAR)

May 28th, 1849.

7. AGE

YEARS

79.

MONTHS

X.

DAYS

7.

If LESS than 1 day, ... hrs. or min.

8. OCCUPATION OF DECEASED

(a) Trade, profession, or particular kind of work

At Home.

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9. BIRTHPLACE (CITY OR TOWN)

Virginia.

(STATE OR COUNTRY)

PARENTS

10. NAME OF FATHER

Samuel Rice.

11. BIRTHPLACE OF FATHER (CITY OR TOWN)

(STATE OR COUNTRY)

Virginia.

12. MAIDEN NAME OF MOTHER

Lucinda Leftwich

13. BIRTHPLACE OF MOTHER (CITY OR TOWN)

(STATE OR COUNTRY)

Virginia.

14.

INFORMANT

(Address)

Joseph R. Templin
4497 Pershing Ave

15.

JUN -5 1928

FILED

Max C. Stark

REGISTRAR

2

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR)

June 4th 1928

17.

I HEREBY CERTIFY, That I attended deceased from

1928, to June 4, 1928, and that I last saw her alive on June 3, 1928, and that death occurred, on the date stated above, at

THE CAUSE OF DEATH* WAS AS FOLLOWS:

Arteriosclerosis

CONTRIBUTORY (SECONDARY)

Senility

(duration) 3 yrs. mos. da.

18. WHERE WAS DISEASE CONTRACTED

IF NOT AT PLACE OF DEATH.....

19. DID AN OPERATION PRECEDE DEATH.....

DATE OF

20. WAS THERE AN AUTOPSY.....

WHAT TEST CONFIRMED DIAGNOSIS.....

(Signed)

H. Campbell, M. D.

6/5, 1928 (Address)

3542 Washington

*State the DISEASE CAUSING DEATH, or in deaths from VIOLENT CAUSES, state (1) MEANS AND NATURE OF INJURY, and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

19. PLACE OF BURIAL, CREMATION, OR REMOVAL

Alton, Illinois.

DATE OF BURIAL

June 6, 1928.

20. UNDERTAKER

P. R. Rupton.

ADDRESS

4449 Olive Street.

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important.

#3542 Washington

Jeff 4794.

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