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

Do not use this space.

16605

1. PLACE OF DEATH

County ..... Registration District No. 791 1005

Township ..... Primary Registration District No. .....

City St. Louis Mo (No. ..... Sanitarium St. ..... Ward)

File No. .....

Registered No. 4711

2. FULL NAME Alfred Temple

(a) Residence. No. 1926a Franklin Ave. 4 Ward.
(Usual place of abode) (If nonresident give city or town and State)

Length of residence in city or town where death occurred 36 yrs. — mos. ds. How long in U.S., if of foreign birth? yrs. — mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. COLOR OR RACE	5. SINGLE, MARRIED, WIDOWED OR DIVORCED (write the word)
Male	White	Single

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF

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

7. AGE	YEARS	MONTHS	DAYS	If LESS than 1 day, ... hrs. or ..... min.
About	36			

8. OCCUPATION OF DECEASED

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

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

(c) Name of employer "

9. BIRTHPLACE (CITY OR TOWN) St. Louis
(STATE OR COUNTRY) Missouri

PARENTS

10. NAME OF FATHER Unknown

11. BIRTHPLACE OF FATHER (CITY OR TOWN) "
(STATE OR COUNTRY) "

12. MAIDEN NAME OF MOTHER "

13. BIRTHPLACE OF MOTHER (CITY OR TOWN) "
(STATE OR COUNTRY) Missouri

14. INFORMANT William T Beetler M D
(Address) 5400 Arsenal St.

15. FILED APR 24 1929 ..... 19..... [signature] REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR) Apr 10 1929

17. I HEREBY CERTIFY, That I attended deceased from Apr 16, 1928, to Apr 10, 1929 that I last saw him alive on Apr 10, 1929, and that death occurred, on the date stated above, at 11:00 P.m.

THE CAUSE OF DEATH* WAS AS FOLLOWS:

Left Inguinal Hernia operation with surgical shock 122A

8 7/12 (duration) — yrs. — mos. 2 ds.

CONTRIBUTORY (SECONDARY) Idiasy

(duration) — yrs. 11 mos. 25 ds. +

18. WHERE WAS DISEASE CONTRACTED?

IF NOT AT PLACE OF DEATH?

DID AN OPERATION PRECEDE DEATH? Yes DATE OF Apr 9/29

WAS THERE AN AUTOPSY? No

WHAT TEST CONFIRMED DIAGNOSIS? Clinical

(Signed) William T Beetler, M. D

4/11, 1929 (Address) 5400 Arsenal St.

*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 St. Louis U.

DATE OF BURIAL 4-20 1929

20. UNDERTAKER Walter Richter

ADDRESS 3500 Rutger St

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.