

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

8550
Do not use this space.

1. PLACE OF DEATH **REC'D APR 11 1938**

(a) County Registration District No. **791**
 (b) Township Primary Registration District No. **1003**
 (c) City **St. Louis, Mo.** (d) Street No. **City Infirmary** St.
 (If death occurred in Hospital or Institution, write its name instead of street and number)
 (e) Length of residence in city or town where death occurred **8** yrs. mos. ds. (f) How long in U. S., if of foreign birth? yrs. mos. ds.

Registered No. **2138**

2. PRINT FULL NAME **Kate Temple 514**
 (a) Residence, No. **5800 Arsenal** St. **13** (If nonresident, give city or town and State)
 (Usual place of abode, if no street address, write county or city)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX **Female** 4. COLOR OR RACE **Colored** 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) **Widowed**

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) **? ? 1865**

7. AGE YEARS MONTHS DAYS IF LESS than 1 day, hrs. or min.
alt 73

8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc. **None**
 9. Industry or business in which work was done, as saw mill, bank, etc.
 10. Date deceased last worked at this occupation (month and year)
 11. Total time (years) spent in this occupation

12. BIRTHPLACE (CITY OR TOWN) **Russellville, Ky. /**
 (STATE OR COUNTRY)

13. NAME **Ben Owens /**

14. BIRTHPLACE (CITY OR TOWN) **Unknown Ky. /**
 (STATE OR COUNTRY)

15. MAIDEN NAME **Docia Watson**

16. BIRTHPLACE (CITY OR TOWN) **Unknown Ky.**
 (STATE OR COUNTRY)

17. INFORMANT **J.G. Sullivan**
 (ADDRESS) **5800 Arsenal St.**

18. BURIAL, CREMATION, OR REMOVAL PLACE **Washington Park** DATE **Mar. 3 1938**

19. FUNERAL DIRECTOR **Russell Und. Company**
 (ADDRESS) **2732 Pine Street**

20. FILE **MAR 2 1938** **J.P. Rudick**

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) **February 27, 1938**

22. I HEREBY CERTIFY, That I attended deceased from **April 19, 1934 to February 27, 1938**
 I last saw her alive on **February 27, 1938**. Death is said to have occurred on the date stated above, at **7:35 A.M.**

The principal cause of death and related causes of importance were as follows:

Degenerative Heart Disease
 Other contributory causes of importance:
Atherosclerosis general

Name of operation Date of
 What test confirmed diagnosis? Was there an autopsy?

23. If death was due to external causes (violence), fill in also the following:
 Accident, suicide, or homicide? Date of injury 19.....
 Where did injury occur? (Specify city or town, county, and State)
 Specify whether injury occurred in industry, in home, or in public place.

Manner of injury
 Nature of injury

24. Was disease or injury in any way related to occupation of deceased?
 If so, specify
 (Signed) **Young**, M. D.
 (Address) **5800 Arsenal**

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.

STATEMENT BY LICENSED EMBALMER

I, Joel Russell, Licensed Embalmer No. 2115

hereby certify that the body recorded on the reverse side of this certificate was embalmed by me

L. E.

No. _____ or by _____, Registered Apprentice No. _____

working under my personal supervision.

Signed

Joel Russell

Licensed Embalmer No. 2115

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.)