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.

REC'D JUN 9 1938

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

16724
Do not use this space.

Registration District No. 791
Primary Registration District No. 1003
Registered No. 4585

**1. PLACE OF DEATH**

(a) County
(b) Township
(c) City St. Louis, Mo. (d) Street No. 3121 Sherdian Ave. 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 yrs. mos. ds. (f) How long in U. S., if of foreign birth? yrs. mos. ds.

**2. PRINT FULL NAME** Mable Gill Temple 514

(a) Residence, No. 3121 Sherdian Ave. St. 21
(Usual place of abode, if no street address, write county or city) (If nonresident, give city or town and State)

## PERSONAL AND STATISTICAL PARTICULARS

| 3. SEX | 4. COLOR OR RACE | 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) |
|---|---|---|
| Female | Negro | Married |

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) May 15, 1888

| 7. AGE YEARS | MONTHS | DAYS | If LESS than 1 day, ...hrs. or ...min. |
|---|---|---|---|
| 49 | 11 | 14 | |

OCCUPATION
8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc.
9. Industry or business in which work was done, as saw mill, bank, etc. Laundress
10. Date deceased last worked at this occupation (month and year)
11. Total time (years) spent in this occupation

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) St. Louis, Mo.

FATHER
13. NAME John William Schefer
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Jackson, Miss.

MOTHER
15. MAIDEN NAME Mary Matlock
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Kentucky

17. INFORMANT Eugene Temple
(ADDRESS) 3121 Sherdian Ave.

18. BURIAL, CREMATION, OR REMOVAL
PLACE Washington Park DATE May 20, 1938

19. FUNERAL DIRECTOR (NAME) W. C. Gordon Undertaking Co.
(ADDRESS) 2649 Delmar Blvd.

20. FILED MAY 19 1938 J. T. Bredeck
Local Registrar

## MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) May 14, 1938

22. I HEREBY CERTIFY, That I attended deceased from Mar. 18, 1938, to May 14, 1938
I last saw h... or alive on May 14, 1938 Death is said to have occurred on the date stated above, at 7:45 p.m.
The principal cause of death and related causes of importance were as follows:

| | Date of onset |
|---|---|
| Myocardial Degeneration | Jan., 1938 |
| Other contributory causes of importance: Hypertension | Aug., 1937 |

Name of operation Date of
What test confirmed diagnosis? Clinical Was there an autopsy? No

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) J. C. Sherard, M. D.
(Address) 1635a Carr Street

(Licensed Embalmer's Statement on Reverse Side)

## 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, .....

W. C. Gordon, or by, .....

Registered Apprentice No....., working under my personal supervision.

Signed W. C. Gordon

Licensed Embalmer No. 3489

P. O. Address 2649 Delmar

**Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comp with the above constitutes grounds for revocation of license.)**

**If this body is not embalmed, above space should be left blank.**