No. 2
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-17-39
X26390

WRITE PLAINLY—USE UNFADING BLACK INK—MAKE A PERMANENT RECORD

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

FILED OCT 14 1942

Registration District No. 318

MISSOURI STATE BOARD OF HEALTH
STANDARD CERTIFICATE OF DEATH

Primary Registration District No. 1003

State File No. 29229

Registrar's No. 8194

1. PLACE OF DEATH:

(a) County
(b) City or town St. Louis
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: 5574 Pershing
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution (Specify whether years, months or days)
In this community

2. USUAL RESIDENCE OF DECEASED:

(a) State Mo. (b) County
(c) City or town St. Louis
(If outside city or town limits, write "RURAL")
(d) Street No. 5574 Pershing
(If rural, give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country

3. (a) PRINT FULL NAME FRANCES R. TEMPLE

3. (b) If veteran, name war

3. (c) Social Security No.

4. Sex F

5. Color or race W

6. (a) Single, widowed, married, divorced Widowed

6. (b) Name of husband or wife

6. (c) Age of husband or wife if alive years

7. Birth date of deceased Feb (Month) 23 (Day) 1879 (Year)

8. AGE: Years ~~62~~ 63 Months 7 Days 10 If less than one day hr. min.

9. Birthplace Portland, (City, town, or county) Maine. (State or foreign country)

10. Usual occupation nil

11. Industry or business

FATHER
12. Name Charles Rust,
13. Birthplace Portland, (City, town, or county) Maine. (State or foreign country)

MOTHER
14. Maiden name unknown
15. Birthplace do (City, town, or county) (State or foreign country)

16. (a) Informant Chas E. Temple, Jr.
(b) Address 7316 Forsythe Blvd.

17. (a) Cremation (Burial, cremation, or removal) (b) Date thereof 10/5/42. (Month) (Day) (Year)
(c) Place: burial or cremation Valhalla Crematory

18. (a) Signature of funeral director Louis H. Dopp Inc
(b) Address Kirkwood, Mo.

19. (a) OCT 3 1942 (Date received local registrar) (b) J. F. Bredeck (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month October day 3rd year 1942 hour 1:30 minute A. M.

21. I hereby certify that I attended the deceased from ~~Sept 1~~ 6/10/ 1941, to Oct 3, 1942 that I last saw her alive on Oct 2 1942 and that death occurred on the date and hour stated above.

	Duration
Immediate cause of death Nephritis	
Due to Hypertension	3 yr
Due to Hypertensive Heart Disease	3 yr
Other conditions (Include pregnancy within 3 months of death)	
Major findings: Of operations	
Of autopsy	

PHYSICIAN — Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide (specify)
(b) Date of occurrence
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur in or about home, on farm, in industrial place, in public place? (Specify type of place)
While at work? (e) Means of injury

23. Signature Richard A. Sutter (M. D. or other) M.D.
Address 916 Olive St. Date signed Oct 3, 1942

(Licensed Embalmer's Statement on Reverse Side)

Embalmers Separate Certificate to be fi

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.....

....., Registered Apprentice No.....

working under my personal supervision.

Signed.....

Licensed Embalmer No.....

P. O. Address.....

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

If this body is not embalmed, fact should be so stated above.