

U. S. No. 2
FORM-5-43
REV. 5-17-39

THE STATE BOARD OF HEALTH OF MISSOURI
BUREAU OF THE CENSUS
STANDARD CERTIFICATE OF DEATH

11725

State File No. _____

Registrar's No. 2718

FILED MAR 30 1946
Registration District No. 318

Primary Registration District No. 1003

WRITE PLAINLY—USE UNFADING BLACK INK—MAKE A PERMANENT RECORD
10637

1. PLACE OF DEATH:

(a) County St. Louis

(b) City or town St. Louis

(c) Name of hospital or institution: Barnes Hospital,
(If outside city or town limits, write "RURAL" and name of township)

(d) Length of stay: In hospital or institution 16 days
(Specify whether years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County St. Louis

(c) City or town University City
(If outside city or town limits, write "RURAL")

(d) Street No. 6530 Bartmer Avenue
(If rural, give location)

(e) Citizen of foreign country? 1 (Yes or No)
If yes, name country _____

3. (a) PRINT FULL NAME Alice Melinda Temple

3. (b) If veteran, name war None

3. (c) Social Security No. None

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month March day 20
year 1946 hour 6 minute 45 P.M.

21. I hereby certify that I attended the deceased from March 4
1946 to March 20, 1946
that I last saw her alive on March 20, 1946
and that death occurred on the date and hour stated above.

4. Sex Female 5. Color of race White

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

6. (b) Name of husband or wife Fred J. Temple

6. (c) Age of husband or wife if alive 75 years

7. Birth date of deceased August 11, 1875
(Month) (Day) (Year)

Immediate cause of death Chronic Myelogenous leukemia Duration 4 yrs

Due to _____

Due to _____

Other conditions 7/20
(Include pregnancy within 3 months of death)

8. AGE:	Years	Months	Days	If less than one day
<u>70</u>	<u>7</u>	<u>9</u>		_____ hr. _____ min.

9. Birthplace Boonville Missouri
(City, town, or county) (State or foreign country)

10. Usual occupation At Home

11. Industry or business Cogswell

MOTHER FATHER { 12. Name Unknown

13. Birthplace Unknown
(City, town, or county) (State or foreign country)

14. Maiden name Unknown

15. Birthplace Unknown
(City, town, or county) (State or foreign country)

PHYSICIAN _____

Underline the cause to which death should be charged statistically.

Major findings: Of operations _____

Of autopsy _____

16. (a) Informant Fred J. Temple

(b) Address 6530 Bartmer Avenue

17. (a) Burial (b) Date thereof 3/23/46
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Memorial Park Cemetery

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? _____

18. (a) Signature of funeral director Shepard Funeral Home
1167 Hamilton Avenue.

(b) Address _____

19. (a) MAR 22 1946 (b) J. F. Bredenk
(Date received local registrar) (Registrar's signature)

While at work? _____ (Specify type of place)

(c) Means of injury _____

Signature David J. Sutton (M. D. or other) M.D.

Address Barnes Hospital Date signed 3/20/46

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 *Henry M. Brammer*.....

Licensed Embalmer No. *4200*.....

P. O. Address.....

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.)

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