

FILED JAN 16 1950

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

3087

State File No.

BIRTH NO. <u>8461-49</u>		REG. DIST. NO. <u>318</u>		PRIMARY REG. DIST. <u>1003</u>		Registrar's No. <u>109</u>	
1. PLACE OF DEATH a. COUNTY				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE			
b. CITY (If outside corporate limits, write RURAL and give township) <u>St Louis MO</u>				c. CITY (If outside corporate limits, write RURAL and give township) <u>St Louis MO</u>			
c. LENGTH OF STAY (in this place)				d. STREET ADDRESS (If rural, give location) <u>19 2450 Delmar Blvd</u>			
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>Homer G Phillips Hospital</u>				4. DATE OF DEATH (Month) (Day) (Year) <u>Jan. 3 1950</u>			
3. NAME OF DECEASED (Type or Print) a. (First) <u>Doris</u>		b. (Middle) <u>Eula</u>		c. (Last) <u>Temple</u>		4. DATE OF DEATH (Month) (Day) (Year) <u>Jan. 3 1950</u>	
5. SEX <u>Female</u>		6. COLOR OR RACE <u>Coll</u>		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>single</u>		8. DATE OF BIRTH <u>12-26-49</u>	
9. AGE (In years last birthday) <u>3</u>		IF UNDER 1 YEAR Months <u>2</u>		IF UNDER 4 HRS. Days <u>2</u>		IF UNDER 4 HRS. Hours <u>1</u>	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>none</u>		10b. KIND OF BUSINESS OR INDUSTRY <u>none</u>		11. BIRTHPLACE (State or foreign country) <u>St Louis MO</u>		12. CITIZEN OF WHAT COUNTRY? <u>U.S.A.</u>	
13a. FATHER'S NAME <u>Albert Temple</u>			13b. MOTHER'S MAIDEN NAME <u>Esther Fogus</u>			14. NAME OF HUSBAND OR WIFE <u>none</u>	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, unknown) (If yes, give war or dates of service) <u>no</u>		16. SOCIAL SECURITY NO. <u>220</u>		17. INFORMANT'S SIGNATURE OR NAME <u>Esther Temple</u>			
18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c) <u>Life</u>		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Prematurity and prob. Atelectasis</u>				INTERVAL BETWEEN ONSET AND DEATH <u>30 days</u>	
*This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.		ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <u>Undetermined</u>				Life	
		DUE TO (c)					
		II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. <u>None</u>					
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION				20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	
21a. ACCIDENT SUICIDE HOMICIDE (Specify)		21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)		21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE) <u>159</u>			
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) (m.)		21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21f. HOW DID INJURY OCCUR? <u>776X</u>			
22. I hereby certify that I attended the deceased from <u>12-28</u> , 19 <u>49</u> , to <u>1-3</u> , 19 <u>50</u> , that I last saw the deceased alive on <u>1-3</u> , 19 <u>50</u> , and that death occurred at <u>5:44 a.m.</u> , from the causes and on the date stated above.							
23a. SIGNATURE (Degree or title) <u>August J Pipes M. D.</u>			23b. ADDRESS <u>2601 N Whittier St</u>			23c. DATE SIGNED <u>1-4-50</u>	
24a. BURIAL, CREMATION, REMOVAL (Specify)		24b. DATE <u>1-6-50</u>		24c. NAME OF CEMETERY OR CREMATORY <u>Washington</u>		24d. LOCATION (City, town, or county) (State) <u>St Louis MO</u>	
DATE REC'D BY LOCAL REG. <u>JAN 6 1950</u>		REGISTRAR'S SIGNATURE <u>J. Rasater</u>		25. FUNERAL DIRECTOR'S SIGNATURE <u>A. L. Beal</u>		ADDRESS <u>2726 Union</u>	

(Licensed Embalmer's Statement on Reverse Side)

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

No. 300

10. 48

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.....

..... Student Embalmer No.

working under my personal supervision.

Student
Student Embalmer

Signed *Theodore Gindelf*

Licensed Embalmer No. *4243*

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.