

THE DIVISION OF HEALTH OF MISSOURI  
 STANDARD CERTIFICATE OF DEATH

31901

State File No. ....

FILED OCT 10 1951

8464

BIRTH NO. _____		REG. DIST. NO. <b>318</b>		PRIMARY REG. DIST. NO. <b>1003</b>		Registrar's No. _____	
1. PLACE OF DEATH a. COUNTY _____				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <b>Missouri</b> <input type="radio"/> b. COUNTY _____			
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <b>St. Louis, Mo.</b>			c. LENGTH OF STAY (in this place) _____	c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <b>St. Louis</b>			<b>219</b>
d. FULL NAME OF HOSPITAL OR INSTITUTION <b>6030 Michigan Ave.</b>				d. STREET ADDRESS (If rural, give location) <b>6030 Michigan Ave.</b>			
3. NAME OF DECEASED (Type or Print) <b>Anna Temborius</b>			a. (First)	b. (Middle)	c. (Last)	4. DATE OF DEATH (Month) (Day) (Year) <b>Sept. 22, 1951</b>	
5. SEX <b>female</b>	6. COLOR OR RACE <b>white</b>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <b>single</b>	8. DATE OF BIRTH <b>June 9, 1852</b>		9. AGE (In years last birthday) <b>99</b>	IF UNDER 1 YEAR Months _____ Days _____	IF UNDER 2 HRS. Hours _____ Min. _____
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <b>None</b>		10b. KIND OF BUSINESS OR INDUSTRY <b>none</b>		11. BIRTHPLACE (State or foreign country) <b>St. Louis, Mo.</b>		12. CITIZEN OF WHAT COUNTRY? <b>Mo.</b>	
13a. FATHER'S NAME <b>Anton Temborius</b>			13b. MOTHER'S MAIDEN NAME <b>Catherine Mueller</b>		14. NAME OF HUSBAND OR WIFE _____		
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <b>no</b>		16. SOCIAL SECURITY NO. <b>no</b>		17. INFORMANT'S SIGNATURE OR NAME <b>Mrs. Edw. Helfrich</b>		ADDRESS <b>6030 Michigan</b>	
18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c)  <i>*This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.</i>	MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <b>arterio-sclerotic</b>  ANTECEDENT CAUSES <b>Heart Disease</b> Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) _____ DUE TO (c) _____ II. OTHER SIGNIFICANT CONDITIONS: Conditions contributing to the death but not related to the disease or condition causing death. <b>Basal cell Carcinoma of skin 5 yrs on forehead</b>					INTERVAL BETWEEN ONSET AND DEATH <b>2 yrs.</b>	
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) _____			
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) _____	21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	21f. HOW DID INJURY OCCUR? <b>HEAD</b>					
22. I hereby certify that I attended the deceased from <b>Jan. 1947</b> , to <b>Sept 22, 1951</b> , that I last saw the deceased alive on <b>Sept 22, 1951</b> , and that death occurred at <b>1130p m.</b> , from the causes and on the date stated above.							
23a. SIGNATURE <b>George A. O'Sullivan, M.D.</b>			23b. ADDRESS <b>421 N. Schirmer</b>			23c. DATE SIGNED <b>Sept 24 1951</b>	
24a. BURIAL, CREMATION, REMOVAL (Specify) <b>Burial</b>	24b. DATE <b>9-25-51</b>	24c. NAME OF CEMETERY OR CREMATORY <b>SS Peter &amp; Paul Cem.</b>		24d. LOCATION (City, town, or county) (State) <b>St. Louis, Mo.</b>			
DATE REC'D BY LOCAL REG. <b>SEP 24 1951</b>	REGISTRAR'S SIGNATURE <b>J. Carl Smith, M.D.</b>			25. FUNERAL DIRECTOR'S SIGNATURE <b>Southern Funeral Home</b>			ADDRESS <b>6322 S. Grand Blvd.</b>

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

Dr. O'Sullivan  
421 W. Schirmer

1 to 3

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**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

*David J. Fox*

Licensed Embalmer No. *7242*

P. O. Address *632 50 Grand.*

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.