

No. 300
10-48

FILED MAR 20 1952

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 11156

BIRTH NO. 19233 REG. DIST. NO. 317 PRIMARY REG. DIST. NO. 3069 Registrar's No. 707

1. PLACE OF DEATH a. COUNTY ST. LOUIS		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE MISSOURI b. COUNTY ST. LOUIS	
b. CITY (If outside corporate limits, write RURAL and give township) RICHMOND HEIGHTS		c. LENGTH OF STAY (in this place) 2 HRS	
d. FULL NAME OF HOSPITAL OR INSTITUTION ST. MARY'S HOSPITAL		d. STREET ADDRESS (If rural, give location) 735 E MARSHALL	
3. NAME OF DECEASED (Type or Print) a. (First) INFANT b. (Middle) HAROLD c. (Last) TEMPLE		4. DATE OF DEATH (Month) (Day) (Year) 3 16 52	
5. SEX MALE	6. COLOR OR RACE WHITE	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) SINGLE	8. DATE OF BIRTH 3-16-52
9. AGE (In years last birthday) 0 IF UNDER 1 YEAR Months 0 Days 0		10. KIND OF BUSINESS OR INDUSTRY NONE	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) NONE		11. BIRTHPLACE (State or foreign country) MISSOURI	
10b. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) NONE		12. CITIZEN OF WHAT COUNTRY? U.S.A	
13a. FATHER'S NAME HAROLD TEMPLE		13b. MOTHER'S MAIDEN NAME LULA-SALYERS	
13c. FATHER'S NAME HAROLD TEMPLE		14. NAME OF HUSBAND OR WIFE NONE	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) NO		16. SOCIAL SECURITY NO. NONE	
17. INFORMANT'S SIGNATURE OR NAME HAROLD TEMPLE		ADDRESS 735 E MARSHALL	
18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c) *This does not mean the mode of dying, such as heart failure, asphyxia, etc. It means the disease, injury, or complication which caused death.		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) diaphragmatic hernia ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) congenital defect - DUE TO (c) Recent birth - 5604 II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.	
19a. DATE OF OPERATION		20. AUTOPSY? YES <input checked="" type="checkbox"/> NO <input type="checkbox"/>	
19b. MAJOR FINDINGS OF OPERATION		21. ACCIDENT (Specify) SUICIDE	
21a. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)		21b. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE) Richmond Hghts - St. Louis, Mo.	
21c. TIME OF INJURY (Month) (Day) (Year) (Hour) 3/16/52		21d. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	
21e. HOW DID INJURY OCCUR? congenital		22. I hereby certify that I attended the deceased from 3/16 1952 to 3/16 1952 , that I last saw the deceased alive on 3/16 1952 , and that death occurred at 7:30 m., from the causes and on the date stated above.	
23a. SIGNATURE Herbert K. Donike MD		23b. ADDRESS 4500 Olive	
23c. DATE SIGNED 3/17/52		24. BURIAL, CREMATION, REMOVAL (Specify) BURIAL	
24a. DATE 3-17-52		24b. NAME OF CEMETERY OR CREMATORY OAK HILL CEMETERY	
24c. LOCATION (City, town, or county) (State) ST. LOUIS MO		25. FUNERAL DIRECTOR'S SIGNATURE JAY B. SMITH	
DATE REC'D BY LOCAL REG. 3-17-52		ADDRESS 7456 MANCHESTER APPLEWOOD MO.	

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

*(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, or by

..... Student Embalmer No.

working under my personal supervision.

Student
Student Embalmer

Signed

~~NOT EMBALMED~~

..... Licensed Embalmer No.

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.