

MAY 20 1939

Everbaugh  
JUN 8 1939

MISSOURI STATE BOARD OF HEALTH  
BUREAU OF VITAL STATISTICS  
CERTIFICATE OF DEATH

19847  
Do not use this space.

1. PLACE OF DEATH  
 (a) County St. Louis Registration District No. 784  
 (b) Township Carondelet Primary Registration District No. 211 Registered No. 913  
 (c) City Koch or (d) Street No. Robert Koch Hospital St.  
 (If death occurred in Hospital or Institution, write its name instead of street and number)  
 (e) Length of residence in city or town where death occurred 3 yrs. 8 mos. 9 ds. (f) How long in U. S., if of foreign birth? yrs. mos. da.  
 2. PRINT FULL NAME Thomas Templebaugh  
 (a) Residence, No. Osagean Shelter St.  (If nonresident, give city or town and State)  
 (Usual place of abode, if no street address, write county or city)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX Male 4. COLOR OR RACE White 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) Single  
 5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF  
 6. DATE OF BIRTH (MONTH, DAY, AND YEAR) 5-16-1872  
 7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min.  
66 11 27  
 8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc. Printing, Pig  
 9. Industry or business in which work was done, as saw mill, bank, etc. ?  
 10. Date deceased last worked at this occupation (month and year) ? 11. Total time (years) spent in this occupation ?

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Udessa

13. NAME James Templebaugh

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Udessa

15. MAIDEN NAME Harriett Wilson T.

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) England

17. INFORMANT (ADDRESS) Koch Hospital Record

18. BURIAL, CREMATION, OR REMOVAL PLACE Dr. U. Schickel DATE 5-7-39

19. FUNERAL DIRECTOR (NAME) (ADDRESS) Dr. J. J. Schickel

20. FILED MAY 20 1939 R. Meyer, M.D. Local Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) 5-13, 1939  
 22. I HEREBY CERTIFY, That I attended deceased from 9-4-, 1930, to 5-13-, 1939  
 I last saw him alive on 5-13, 1939. Death is said to have occurred on the date stated above, at 9:50 a.m.  
 The principal cause of death and related causes of importance were as follows:

Pul. Tho.

Date of onset 19.3K

Other contributory causes of importance: J.P.

Name of operation Autopsy Date of ?  
What test confirmed diagnosis? Autopsy Was there an autopsy? No

23. If death was due to external causes (violence), fill in also the following:  
 Accident, suicide, or homicide? ? Date of injury ?, 19?  
 Where did injury occur? ? (Specify city or town, county, and State)  
 Specify whether injury occurred in industry, in home, or in public place.

Manner of injury ?  
Nature of injury ?

24. Was disease or injury in any way related to occupation of deceased? No  
 If so, specify Fred A. Kaldenburg  
 (Signed) Robert Koch Hospital (Address) ?

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important.

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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.....  
....., 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 with the above constitutes grounds for revocation of license.)**

**If this body is not embalmed, above space should be left blank.**