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

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

MISSOURI STATE BOARD OF HEALTH

STANDARD CERTIFICATE OF DEATH

State File No. 26746 6642

Registration District No. 791 | Primary Registration District No. 1003 | Registrar's No.

1. PLACE OF DEATH:

(a) County

(b) City or town St Louis
(If outside city or town limits, write "RURAL" and name of township)

(c) Name of hospital or institution:
4116 Shenandoah St 9
(If not in hospital or institution, write street number or location)

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

In this community

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County

(c) City or town St Louis 7
(If outside city or town limits, write "RURAL")

(d) Street No. 4116 Shenandoah St
(If rural, give location)

(e) If foreign born, how long in U. S. A.? years.

3. (a) PRINT FULL NAME Robert A Templeton 514

3. (b) If veteran, name war —

3. (c) Social Security No. —

4. Sex Male

5. Color or race White

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

6. (b) Name of husband or wife

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

7. Birth date of deceased Nov (Month) 30 (Day) 1871 (Year)

8. AGE: Years 68 | Months 8 | Days 4 | If less than one day hr. min.

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

10. Usual occupation Tool-Maker Retired 1932

11. Industry or business

FATHER
12. Name John Templeton
13. Birthplace Scotland (City, town, or county) (State or foreign country)

MOTHER
14. Maiden name Christi na Ferguson
15. Birthplace Scotland (City, town, or county) (State or foreign country)

16. (a) Informant Lillian Templeton
(b) Address 4116 Shenandoah

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof Aug 6 1940 (Month) (Day) (Year)
(c) Place: burial or cremation New St Marcus Cem

18. (a) Signature of funeral director Beiderwieden Fuhl Home Inc
(b) Address 1936 St Louis Ave

19. (a) AUG 5 1940 (Date received local registrar) (b) [signature] (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Aug. day 3 year 1940 hour 8 minute 35 A.M.

21. I hereby certify that I attended the deceased from Oct. 1938, to Aug. 3, 1940; that I last saw him alive on Aug. 2, 1940; and that death occurred on the date and hour stated above.

	Duration
Immediate cause of death: Cardiac failure	36 hrs
Due to: Arteriosclerosis	years
Due to: Heart Block	1½ yrs.
Due to: No definite Heart disease	
Other conditions (Include pregnancy within 3 months of death)	

Major findings:
Of operations none
Of autopsy

PHYSICIAN — Underline the cause to which death should be charged statistically.

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? (Specify type of place)
While at work? (e) Means of injury

23. Signature John A. Hartung (M. D. or other) MD
Address 2737 N. Grand Blvd. Date signed Aug. 3/40

(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.....

....., Registered Apprentice No.....

working under my personal supervision.

Signed Felix J. Krispin

Licensed Embalmer No. 3497

P. O. Address 1936 St Louis av St Louis

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply w the above constitutes grounds for revocation of license.)

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