

FILED MAY 12 1951

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

14804

State File No. ....

1003

Registrar's No. 4131

BIRTH NO. _____		REG. DIST. NO. <u>318</u>		PRIMARY REG. DIST. NO. <u>1003</u>		Registrar's No. <u>4131</u>			
1. PLACE OF DEATH a. COUNTY <u>St. Louis</u>				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>Missouri</u> b. COUNTY <u>St. Louis</u>					
b. CITY (If outside corporate limits, write RURAL and give OR TOWN <u>St. Louis</u> )		c. LENGTH OF STAY (In this place)		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>St. Louis</u>		2119			
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>Homer G. Phillips</u>				1/ STREET ADDRESS (If rural, give location) <u>2601 N. Whittier</u>					
3. NAME OF DECEASED (Type or Print) a. (First) <u>John</u> b. (Middle) <u>-</u> c. (Last) <u>Temple</u>			4. DATE OF DEATH (Month) (Day) (Year) <u>4 24 51</u>						
5. SEX <u>M</u>	6. COLOR OR RACE <u>Colored</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Married</u>	8. DATE OF BIRTH <u>Sept 15, 1886</u>	9. AGE (In years, months, days) <u>64</u>	IF UNDER 1 YEAR Months	IF UNDER 1 YEAR Days	IF UNDER 1 YEAR Hours Min.		
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		11. BIRTHPLACE (State or foreign country) <u>Kothie County Alabama</u>		12. CITIZEN OF WHAT COUNTRY? <u>USA</u>			
13a. FATHER'S NAME <u>Daniel Temple</u>			13b. MOTHER'S MAIDEN NAME <u>Unknown</u>		14. NAME OF HUSBAND OR WIFE <u>Mary Temple</u>				
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (If yes, give war or dates of service) <u>No</u>		16. SOCIAL SECURITY NO.		17. INFORMANT'S SIGNATURE OR NAME ADDRESS <u>Albert Temple 4814 Labadie</u>					
18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c) <u>Cardiac</u> <i>This does not mean the mode of dying, such as heart failure, asthma, etc. It means the disease, injury, or complication which caused death.</i>				MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Hypertensive Cardiac vascular disease</u> ANTECEDENT CAUSES <u>Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.</u> DUE TO (b) _____ DUE TO (c) _____ II. OTHER SIGNIFICANT CONDITIONS <u>Conditions contributing to the death but not related to the disease or condition causing death.</u>				INTERVAL BETWEEN ONSET AND DEATH <u>Under</u>	
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION				20. AUTOPSY? YES <input type="checkbox"/> NO <input 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) m.		21e. INJURY OCCURRED WHILE AT - WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21f. HOW DID INJURY OCCUR? <u>Hit 3 X</u>					
22. I hereby certify that I attended the deceased from <u>4/26</u> , 19 <u>51</u> , to <u>4/24</u> , 19 <u>51</u> , that I last saw the deceased alive on <u>4/24</u> , 19 <u>51</u> , and that death occurred at <u>11:30</u> m., from the causes and on the date stated above.									
23a. SIGNATURE <u>John Temple</u> (Degree or title) <u>M.D.</u>			23b. ADDRESS <u>444 Stanton</u>			23c. DATE SIGNED <u>4/28/51</u>			
24a. BURIAL, CREMATION, REMOVAL (Specify)		24b. DATE <u>May-2-51</u>		24c. NAME OF CEMETERY OR CREMATORY <u>Cape Brendans</u>		24d. LOCATION (City, town, or county) (State)			
DATE REC'D BY LOCAL REG. <u>MAY 1 1951</u>		REGISTRAR'S SIGNATURE <u>J. B. Larster</u>		25. FUNERAL DIRECTOR'S SIGNATURE <u>C. P. Hoone</u>		ADDRESS <u>1221 N. Grand</u>			

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

Removal By Motor  
Permit.

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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 \_\_\_\_\_

Licensed Embalmer No. 4755

P. O. Address. 12217

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.

THE STATE BOARD OF HEALTH OF MISSOURI  
BUREAU OF VITAL STATISTICS

State File No. 14807  
Local Registrar's No. 4131

State of ..... }  
County of ..... } ss.

AFFIDAVIT FOR CORRECTION OF A RECORD

On this ..... day of ....., 194....., before me appears.....

....., who, upon ..... oath, states that the original record of birth death  
for John Temple ~~diac~~ 4-24-1951, 19....., in the State of  
born .....  
Missouri, and which was filed at ..... on ....., 19....., should be corrected as follows:

Item No. 2 should read Sept. 15 ~~1886~~ 1886

Instead of ..... 1867

Item No. 8 should read Age 64

Instead of ..... 83

Item No. 17 should read Albert Temple 4814 Labadie

Instead of ..... 8414 "

Item No. .... should read .....

Instead of .....

Item No. .... should read .....

Instead of .....

Item No. .... should read .....

Instead of .....

Item No. .... should read .....

Instead of .....

Item No. .... should read .....

Instead of .....

*(Identified)*

The above is true to the best of my knowledge, information and belief.

(SEAL)

Affiant Albert Temple Informant  
Relationship.  
4814 Labadie

Present Address.

Subscribed and sworn to before me this 15 day of May, 1951

My Commission expires 3-4-53 Edward J. ... Notary Public.

Affidavits containing erasures will not be accepted; draw one line through error and write above it.