

FILED AUG 7 1951

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 25649

BIRTH NO. _____ REG. DIST. NO. 317 PRIMARY REG. DIST. NO. 3069 Registrar's No. 2715

1. PLACE OF DEATH
a. COUNTY St. Louis 4005
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Richmond Heights
c. LENGTH OF STAY (in this place) 3 days
d. FULL NAME OF HOSPITAL OR INSTITUTION St. Mary's Hospital

2. USUAL RESIDENCE (Where deceased lived. If institution, residence before admission)
a. STATE Missouri b. COUNTY St. Louis
c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN St. Louis City 2048
d. STREET ADDRESS (If rural, give location) 6434 Dale 1

3. NAME OF DECEASED a. (First) William b. (Middle) A. c. (Last) Temper 4. DATE OF DEATH (Month) 7 (Day) 20 (Year) 51

5. SEX Male 6. COLOR OR RACE White 7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Married 8. DATE OF BIRTH June 4, 1910 9. AGE (In years last birthday) 41

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Painter 10b. KIND OF BUSINESS OR INDUSTRY ----- 11. BIRTHPLACE (State or foreign country) St. Louis, Mo. 12. CITIZEN OF WHAT COUNTRY? U.S.A.

13a. FATHER'S NAME William Temper 13b. MOTHER'S MAIDEN NAME Salley Beard 14. NAME OF HUSBAND OR WIFE Stella

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) No. No. 16. SOCIAL SECURITY NO. unknown 17. INFORMANT'S SIGNATURE OR NAME ADDRESS Stella Temper 6434 Dale Ave.

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, asthma, etc. It means the disease, injury, or complication which caused death.
MEDICAL CERTIFICATION
I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Embolism of Femoral Artery
ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) ----- DUE TO (c) ----- 454X
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. Chronic myocarditis
INTERVAL BETWEEN ONSET AND DEATH 2 days

19a. DATE OF OPERATION 7-19-51 19b. MAJOR FINDINGS OF OPERATION Embolism 20. AUTOPSY? YES NO

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 NOT WHILE AT WORK 21f. HOW DID INJURY OCCUR -----

22. I hereby certify that I attended the deceased from July 18, 1951, to July 20, 1951, that I last saw the deceased alive on July 19, 1951, and that death occurred at 6:30 p.m., from the causes and on the date stated above.

23a. SIGNATURE Vincent F. Townsend MD (Degree or title) 23b. ADDRESS 3101 9 Sutton Ave Maplewood 23c. DATE SIGNED 7-20-51

24a. BURIAL, CREMATION, REMOVAL (Specify) Burial 24b. DATE July 23, 1951 24c. NAME OF CEMETERY OR CREMATORY New St. Marcus Cem 24d. LOCATION (City, town, or county) (State) St. Louis Mo.

DATE REC'D BY LOCAL REG. 7-20-51 REGISTRAR'S SIGNATURE Herbert P. Dombke MD 25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS Mackey-Haldese 3634 Gravois Ave.

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

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 _____

working under my personal supervision.

Student Embalmer No.

Signed _____

Frank J. Dyland

Signed

Student Embalmer

Licensed Embalmer No. _____

2645

P. O. Address _____

St. Louis, Mo.

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.