

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

44506

FILED DEC 17 1953

State File No. 11689  
Registrar's No.

REG. DIST. NO. 318 PRIMARY REG. DIST. NO. 1003

1. PLACE OF DEATH a. COUNTY		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE <u>MISSOURI</u> b. COUNTY	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>ST. LOUIS MO</u>	c. LENGTH OF STAY (In this place)	c. CITY OR TOWN <u>ST. LOUIS</u>	d. Is Residence within limits of a city or incorporated town? Yes <input type="checkbox"/> No <input type="checkbox"/>
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>5512 DELMAR 12</u>		e. STREET ADDRESS (If rural, give location) <u>5512 DELMAR 12</u>	

3. NAME OF DECEASED (Type or Print)	a. (First) <u>FRANK</u>	b. (Middle) <u>-</u>	c. (Last) <u>TEMPLIN</u>	4. DATE OF DEATH (Month) (Day) (Year) <u>DEC. 8 1953</u>
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5. SEX <u>MALE</u>	6. COLOR OR RACE <u>WHITE</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify)	8. DATE OF BIRTH <u>AUG. 26 1874</u>	9. AGE (In years last birthday)	10. MONTHS	11. DAYS	12. HOURS	13. MIN.
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10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>RETIRED BOOKBINDER</u>	10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (City and State or Foreign Country) <u>MISSOURI</u>	12. CITIZEN OF WHAT COUNTRY?
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13a. FATHER'S NAME <u>JOSEPH TEMPLIN</u>	13b. MOTHER'S MAIDEN NAME <u>ROSE WALL</u>	14. NAME OF HUSBAND OR WIFE <u>LYDIA ANNA TEMPLIN</u>
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15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service)	16. SOCIAL SECURITY NO. <u>NONE</u>	17. INFORMANT'S SIGNATURE OR NAME <u>LYDIA ANNA TEMPLIN</u>	18. ADDRESS <u>5512 DELMAR</u>
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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.	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Arteriosclerotic heart disease with chronic atherosclerosis</u>		INTERVAL BETWEEN ONSET AND DEATH <u>2 years</u>
	ANTECEDENT CAUSES Morbidity conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <u>Thrombophlebitis Deep VV R. leg with fibrillation &amp; congestive heart failure</u>		
	DUE TO (c) <u>question of terminal pulmonary embolus.</u>		
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. <u>Chronic Bronchitis and Emphysema</u>		<u>30 years</u>	

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION <u>No operation</u>	20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>
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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)
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21d. TIME OF INJURY (Month) (Day) (Year) (Hour) (Minute)	21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	21f. HOW DID INJURY OCCUR? <u>4200</u>
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22. I hereby certify that I attended the deceased from 12 Nov, 1953, to 7 Dec, 1953, that I last saw the deceased alive on 7 Dec, 1953, and that death occurred at 9:45 P.M. 8 Dec 53 from the causes and on the date stated above.

23a. SIGNATURE (Degree or title) <u>Thomas E. Van Metre Jr.</u>	23b. ADDRESS <u>Firmen Desloge Hosp. 10</u>	23c. DATE SIGNED <u>8 Dec 53</u>
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24a. BURIAL, CREMATION, REMOVAL (Specify) <u>CREMATION</u>	24b. DATE <u>DEC. 11 1953</u>	24c. NAME OF CEMETERY OR CREMATORY <u>VALHALLA CHAPEL</u>	24d. LOCATION (City, town, or county) (State) <u>ST. LOUIS MO</u>
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DATE REC'D BY LOCAL REG. <u>DEC 11 1953</u>	REGISTRAR'S SIGNATURE <u>Carl Smith MD</u>	25. FUNERAL DIRECTOR'S SIGNATURE <u>Thomas Kutis 2906 Gravois</u>	ADDRESS
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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 ..... Student Embalmer No.....  
working under my personal supervision..

Student.....  
Signature of Student Embalmer

Signed..... *Howell C. Dill*

Licensed Embalmer No. *4347*  
P. O. Address *2906 Bra*

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 embalmed by a STUDENT, he also shall sign in his OWN handwriting.  
If this body is not embalmed, fact should be so stated above.