

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

FILED DEC 16 1954

State File No. **42874**  
Registrar's No. **10877**

BIRTH 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 <b>MISSOURI</b> b. COUNTY	
b. CITY OR TOWN <b>ST. LOUIS, MO.</b>	c. LENGTH OF STAY (In this place) <b>5 days</b>	c. CITY OR TOWN <b>ST LOUIS</b>	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 <b>BARNES HOSPITAL</b>		e. STREET ADDRESS (If rural, give location) <b>14 5277 FAIRVIEW 2149 0</b>	

3. NAME OF DECEASED (Type or Print) a. (First) <b>NANNIE</b> b. (Middle) <b>BELL</b> c. (Last) <b>TEMMING.</b>			4. DATE OF DEATH (Month) (Day) (Year) <b>11 - 28 - 54</b>		
5. SEX <b>FEMALE</b>	6. COLOR OR RACE <b>WHITE</b>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <b>SEPERATED</b>	8. DATE OF BIRTH <b>FEB 7 - 1896</b>	9. AGE (In years last birthday) <b>58</b>	10. UNDER 1 YEAR Months Days Hours Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <b>PRESSER</b>		10b. KIND OF BUSINESS OR INDUSTRY <b>CHAPMAN-BROS</b>		11. BIRTHPLACE (City and State or Foreign Country) <b>MISSOURI 0</b>	
12. CITIZEN OF WHAT COUNTRY? <b>U.S.A</b>					

13a. FATHER'S NAME <b>THOMAS SAGE</b>	13b. MOTHER'S MAIDEN NAME <b>LOUIS HUSKEY</b>	14. NAME OF HUSBAND OR WIFE
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15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown)	16. SOCIAL SECURITY NO. (If yes, give war or dates of service) <b>492-22-2988</b>	17. INFORMANT'S SIGNATURE OR NAME <b>Olin C Temming</b>	ADDRESS <b>5277 Fairview</b>
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18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c)		MEDICAL CERTIFICATION		INTERVAL BETWEEN ONSET AND DEATH <b>10 mo.</b>
I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <b>Sarcoma, reticulum cell</b>		DUE TO (b) _____		
*This does not mean the mode of dying, such as heart failure, ashenia, etc. It means the disease, injury, or complication which caused death.		DUE TO (c) _____		
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. <b>Shock</b>				

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY? YES <input checked="" type="checkbox"/> NO <input 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)
21d. TIME OF INJURY (Month) (Day) (Year) (Hour)	21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	21f. HOW DID INJURY OCCUR? <b>2000</b>

22. I hereby certify that I attended the deceased from **11-23**, 19**54**, to **11-28**, 19**54**, that I last saw the deceased alive on **11-28**, 19**54**, and that death occurred at **4:40 AM**, from the causes and on the date stated above.

23a. SIGNATURE (Degree or title) <b>FR Pradley M. D.</b>	23b. ADDRESS <b>BARNES HOSPITAL</b>	23c. DATE SIGNED. <b>NOV 29 54</b>
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24a. BURIAL, CREMATION, REMOVAL (Specify) <b>REMOVAL</b>	24b. DATE <b>DEC-1-1954</b>	24c. NAME OF CEMETERY OR CREMATORY <b>HILLSBORO CEM</b>	24d. LOCATION (City, town, or county) (State) <b>DE-SOTO MO</b>
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DATE REC'D BY LOCAL REG. <b>NOV 29 1954</b>	REGISTRAR'S SIGNATURE <b>J. Carl Smith</b>	25. FUNERAL DIRECTOR'S SIGNATURE <b>Thomas Kutia</b>	ADDRESS <b>2906 Travis</b>
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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.....

Licensed Embalmer No. 4341

P. O. Address, 2906 ...

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.