

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. **44054**
Registrar's No. **11831**

FILED JAN 18 1955

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 Missouri b. COUNTY			
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN St Louis, Mo		c. LENGTH OF STAY (in this place)		c. CITY OR TOWN St. Louis	
d. FULL NAME OF HOSPITAL OR INSTITUTION Missouri Pacific Hospital		e. STREET ADDRESS (If rural, give location) 2209 20 1620 A. Elliot Avenue			
3. NAME OF DECEASED (Type or Print) James		a. (First)		b. (Middle) Temper	
c. (Last)		4. DATE OF DEATH		(Month) (Day) (Year) 12-23-54	
5. SEX m		6. COLOR OR RACE e		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) married	
8. DATE OF BIRTH May-5-1895		9. AGE (in years last birthday) 59		10. MONTHS 7 DAYS 18 HOURS MIN.	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Cash Cleaner		10b. KIND OF BUSINESS OR INDUSTRY		11. BIRTHPLACE (City and State or Foreign Country) South Carolina	
12. CITIZEN OF WHAT COUNTRY? USA		13a. FATHER'S NAME Unknown		13b. MOTHER'S MAIDEN NAME Unknown	
14. NAME OF HUSBAND OR WIFE Helen Temper		15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) No		16. SOCIAL SECURITY NO. 486-16-940	
17. INFORMANT'S SIGNATURE OR NAME Helen Temper		ADDRESS 1620 A. Elliot Avenue			
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) Carcinoma of esophagus ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) Metastasis DUE TO (c) II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.			
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION		20. AUTOPSY? YES <input checked="" 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? 150X	
22. I hereby certify that I attended the deceased from Nov-17, 1954 , to Dec-23, 1954 , that I last saw the deceased alive on Dec-23, 1954 , and that death occurred at 10:25 a.m. , from the causes and on the date stated above.					
23a. SIGNATURE (Degree or title) Charles Brown, M.D.		23b. ADDRESS 1755 So. Howard		23c. DATE SIGNED 12/24/54	
24a. BURIAL, CREMATION, REMOVAL (Specify) Burial		24b. DATE 12-29-54		24c. NAME OF CEMETERY OR CREMATORY Washington Park Cemetery	
24d. LOCATION (City, town, or county) (State) St. Louis County, Missouri		DATE REC'D BY LOCAL REG. DEC 28 1954		REGISTRAR'S SIGNATURE J. Carl Smith, M.D.	
25. FUNERAL DIRECTOR'S SIGNATURE Ellis Funeral Home, Inc.		ADDRESS 2820 Stoddard St.			

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 *Fulton E. Culkin*

Licensed Embalmer No. *419*

P. O. Address *2820 Todd*

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.