

FILED VS. NOV 17 1960

318

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10737

STATE FILE NUMBER

1. PLACE OF DEATH a. COUNTY		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)	
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN St Louis		c. CITY OR TOWN Gardenville	
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION St Anthony,s Hospital		d. STREET ADDRESS (If outside, give location) 8550 Matilda Ave	
3. NAME OF DECEASED (Type or print) First Alvina Middle K Last Temple		4. DATE OF DEATH Month Nov Day 5 Year 1960	
5. SEX Female	6. COLOR OR RACE White	7. Married <input type="checkbox"/> Never Married <input checked="" type="checkbox"/> Widowed <input type="checkbox"/> Divorced <input type="checkbox"/>	8. DATE OF BIRTH 1/27/85
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Housewife		10b. KIND OF BUSINESS OR INDUSTRY	9. AGE (last birthday) 75
11. BIRTHPLACE (City and state or country) St Louis Missouri		12. CITIZEN OF WHAT COUNTRY U S	
13a. FATHER'S NAME Joseph Temple		13b. MOTHER'S MAIDEN NAME Katherine Frankenmiller	14. NAME OF HUSBAND OR WIFE None
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.	17. INFORMANT Anna Sofka 8550 Matilda Ave
18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c). PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) BURNS, 55% of body area DUE TO (b) BURNS, 55% Body area DUE TO (c) 916-0-16			INTERVAL BETWEEN ONSET AND DEATH 5 WKS
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a) pulmonary congestion Pulmonary congestion			PART III. If deceased was female was there a pregnancy in last 90 days. <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> Unknown
19. WAS AUTOPSY PERFORMED? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	20a. ACCIDENT <input checked="" type="checkbox"/> SUICIDE <input type="checkbox"/> HOMICIDE <input type="checkbox"/>	20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18.) Clothes caught fire while deceased was lighting	
20c. TIME OF INJURY Hour ? a.m. 9 p.m. 30	20e. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) 36 home		
20d. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	20f. CITY, TOWN, OR LOCATION St. Louis Co., Mo. 8550 Matilda Ave		
21. I attended the deceased from 30 Sept 60 to 5 Nov 60 and last saw him alive on 4 Nov 60 Death occurred at 6:20 A m on the date stated above, and to the best of my knowledge, from the causes stated.			
22a. SIGNATURE John Charles Doubek Jr.		22b. ADDRESS 2767 Gravois Ave.	22c. DATE SIGNED 11/7/60
23a. BURIAL, CREMATION, REMOVAL (Specify) Removal	23b. DATE 11/8/60	23c. NAME OF CEMETERY OR CREMATORY Resurrection Cemetery	23d. LOCATION (City, town, or county) (State) St Louis County Mo.
24. FUNERAL DIRECTOR Noydell Funeral Home 1926 Allen		25. DATE RECD. BY LOCAL REG. NOV 7 1960	26. REGISTRAR'S SIGNATURE Carl Smith, M.D.

DOCUMENT

MEDICAL CERTIFICATION

BY AFFIDAVIT OF

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by
or by _____, Student Embalmer No. _____
working under my personal supervision.

Student _____
Signature of Student Embalmer

Signed

Hedley P. Gaellier Jr

Licensed Embalmer No. 4950

P. O. Address St Louis

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.