

FILED DEC 13 1943

Registration District No. 318

Primary Registration District No. 1003

Registrar's No. 10576

1. PLACE OF DEATH:

(a) County _____

(b) City or town St. Louis
(If outside city or town limits, write "RURAL" and name of township)

(c) Name of hospital or institution:
Barnes Hospital
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution _____ (Specify whether _____)

In this community _____
years, months or days) _____

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County _____

(c) City or town St. Louis
(If outside city or town limits, write "RURAL")

(d) Street No. 3614 N. Newstead Ave.
(If rural, give location)

(e) Citizen of foreign country? _____ (Yes or No)
If yes, name country _____

3. (a) PRINT FULL NAME Minnie Temme

3. (b) If veteran, name war _____

3. (c) Social Security No. _____

4. Sex Female 5. Color or race W

6. (a) Single, widowed, married, divorced Married

6. (b) Name of husband or wife Fred Temme

6. (c) Age of husband or wife if alive 68 years

7. Birth date of deceased Nov. 10th. 1871
(Month) (Day) (Year)

8. AGE: Years Months Days If less than one day

72 0 20 _____ hr. _____ min.

9. Birthplace Ill. V
(City, town, or county) (State or foreign country)

10. Usual occupation Housewife

11. Industry or business _____

12. Name George Bretsch

13. Birthplace Germany
(City, town, or county) (State or foreign country)

14. Maiden name Elizabeth Meyers

15. Birthplace Germany
(City, town, or county) (State or foreign country)

16. (a) Informant Fred Temme

(b) Address 3614 N. Newstead Ave.

17. (a) Burial (b) Date thereof 12-3-43
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Zions Cemetery

18. (a) Signature of funeral director Provost Und. Co.

(b) Address 3710 N. Grand Blvd.

19. (a) Dec 2 1943 (b) J. J. Bradeck
(Date received local certificate) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Nov. day 30th.
year 1943 hour 6.20 minute P. M.

21. I hereby certify that I attended the deceased from 4-10 - 1943 to 11-30 - 1943
that I last saw ET alive on 11-27-43, 19____;
and that death occurred on the date and hour stated above.

Immediate cause of death Hypertension Duration _____ years.

Due to arteriosclerosis - chronic myocarditis - nephritis - _____ years.

Due to _____

Other conditions. (Include pregnancy within 3 months of death)

Major findings: Of operations _____

Of autopsy _____

PHYSICIAN _____

Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:

(a) Accident, suicide, or homicide (specify) Y

(b) Date of occurrence _____

(c) Where did injury occur? _____ (City or town) (County) (State)

(d) Did injury occur in or about home, on farm, in industrial place, in public place? _____

While at work? _____ (Specify type of place) (Means of injury)

23. Signature Russell Glavin (M. D. or other) DO

Address 4032 W. Flaimont Date signed 12-1-43

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

MOTHER FATHER

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 me

....., Registered Apprentice No.
working under my personal supervision.

Signed A. A. Smithers

Licensed Embalmer No. 3916

P. O. Address 3710 N. Grand Bl

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.