

FILED JAN 12 1944 **818**

Registration District No. \_\_\_\_\_

Primary Registration District No. **1003**Registrar's No. **22**

## 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:  
3825 N. 20th St.  
(If not in hospital or institution, write street number or location)  
 (d) Length of stay: In hospital or institution None  
(Specify whether)  
 In this community \_\_\_\_\_  
years, months or days

3. (a) PRINT FULL NAME William F. Temme3. (b) If veteran, name war None 3. (c) Social Security No. \_\_\_\_\_4. Sex Male 5. Color or race White 6. (a) Single, widowed, married, divorced Married6. (b) Name of husband or wife Dora Temme nee Wehmeyer 6. (c) Age of husband or wife if alive 70 years7. Birth date of deceased May 11, 1878  
(Month) (Day) (Year)8. AGE: Years Months Days If less than one day  
65 7 23 hr. \_\_\_\_\_ min.9. Birthplace St. Louis Mo.  
(City, town, or county) (State or foreign country)10. Usual occupation Laborer

## 11. Industry or business \_\_\_\_\_

MOTHER FATHER { 12. Name George Temme  
 13. Birthplace Unknown Germany  
(City, town, or county) (State or foreign country)  
 14. Maiden name Unknown  
 15. Birthplace Unknown Germany  
(City, town, or county) (State or foreign country)

16. (a) Informant Mrs Dora Temme(b) Address 4320 Linton Ave17. (a) Burial (b) Date thereof 1/6/44  
(Burial, cremation, or removal) (Month) (Day) (Year)(c) Place: burial or cremation Zions Cemetery18. (a) Signature of funeral director Math Hermann & Son(b) Address 2161 East Fair Ave19. (a) JAN 4 1944 J. F. Buech  
(Date received local registrar) (Registrar's signature)

## 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. 4320 Linton Ave  
(If rural, give location)  
 (e) Citizen of foreign country? \_\_\_\_\_ (Yes or No)  
 If yes, name country \_\_\_\_\_

## MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Jan. day 3rd  
 year 1944 hour 10:00 AM minute \_\_\_\_\_ M.21. I hereby certify that I attended the deceased from Oct 5  
1944 to Jan 3 1944  
 that I last saw him alive on Jan 3 1944  
 and that death occurred on the date and hour stated above.

Immediate cause of death \_\_\_\_\_

Coronary Occlusion

Duration

1 day

Due to \_\_\_\_\_

Due to \_\_\_\_\_

Other conditions Arteriosclerosis  
(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) \_\_\_\_\_  
 (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)  
 (b) Means of injury \_\_\_\_\_23. Signature Harry J. Mellis (M. D. or other) \_\_\_\_\_  
 Address 3825 N. 20th Date signed 1/4/44

**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.....

....., Registered Apprentice No.....

working under my personal supervision.

Signed Francis A. Williams

Licensed Embalmer No. 3565

P. O. Address. St. Louis Mo.

**Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply the above constitutes grounds for revocation of license.)**

**If this body is not embalmed, fact should be so stated above.**