

FILED JUN 16 1949

STANDARD CERTIFICATE OF DEATH

21770
State File No. 4781

318

1003

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

| | | | | | | | |
|---|---------------------------|--|--|--|---|---|---|
| BIRTH NO. | | REG. DIST. NO. | | PRIMARY REG. DIST. NO. | | Registrar's No. | |
| 1. PLACE OF DEATH a. COUNTY | | | | 2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE Missouri b. COUNTY St. Louis | | | |
| b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN St. Louis | | c. LENGTH OF STAY (In this place) | | c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Vinita Park | | | |
| d. FULL NAME OF HOSPITAL OR INSTITUTION St. Lukes Hospital | | | | d. STREET ADDRESS (If rural, give location) M.R. 8203 Garfield Avenue | | | |
| 3. NAME OF DECEASED (Type or Print) a. (First) CAROLINE b. (Middle) REBEKAH c. (Last) TEMME | | | 4. DATE OF DEATH (Month) (Day) (Year) May 30, 1949 | | | | |
| 5. SEX Female | 6. COLOR OR RACE White | 7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Single | 8. DATE OF BIRTH April 23, 1899 | | 9. AGE (In years last birthday) 50 | if UNDER 1 YEAR Months Days | if UNDER 24 HRS. Hours Min. |
| 10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Social Worker | | 10b. KIND OF BUSINESS OR INDUSTRY Illinois Childrens Aid Society | | 11. BIRTHPLACE (State or foreign country) St. Louis, Missouri | | 12. CITIZEN OF WHAT COUNTRY? America | |
| 13a. FATHER'S NAME Fred Temme | | 13b. MOTHER'S MAIDEN NAME Fannie Obert | | 14. NAME OF HUSBAND OR WIFE None | | | |
| 15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) No | | 16. SOCIAL SECURITY NO. None | 17. INFORMANT'S SIGNATURE OR NAME Fannie O. Temme, 8203 Garfield 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) Pulmonary Edema ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) Rheumatic heart disease 30 yrs - DUE TO (c) None II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. Acute nephritis | | | | | INTERVAL BETWEEN ONSET AND DEATH 5 days 2 weeks |
| 19a. DATE OF OPERATION | | 19b. MAJOR FINDINGS OF OPERATION | | | 20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" 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) 95 | | | |
| 21d. TIME OF INJURY (Month) (Day) (Year) (Hour) (Min.) | | 21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/> | | 21f. HOW DID INJURY OCCUR? H16X | | | |
| 22. I hereby certify that I attended the deceased from April 15, 1949, to May 30, 1949, that I last saw the deceased alive on May 30, 1949, and that death occurred at 4:02 P m., from the causes and on the date stated above. | | | | | | | |
| 23a. SIGNATURE (Degree or title) Frances R. Ritchie M.D. - 0 | | | | 23b. ADDRESS 5233 Woodman Ave. | | 23c. DATE SIGNED 5-31-49 | |
| 24a. BURIAL, CREMATION, REMOVAL (Specify) Burial | | 24b. DATE June 1, 1949 | 24c. NAME OF CEMETERY OR CREMATORY Bellefontaine Cemetery | | 24d. LOCATION (City, town, or county) (State) St. Louis, Missouri | | |
| DATE REC'D BY LOCAL REG. MAY 31 1949 | | REGISTRAR'S SIGNATURE L. B. Pasater | | 25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS Shepard Funeral Home, 1167 Hamilton Avenue | | | |

Musko

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.

Signed *Alvin R. Padwell*

Signed
Student Embalmer

Licensed Embalmer No. *4077*

P. O. Address.....

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.