

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

31902

State File No.

FILED OCT 10 1951

8264

Registrar's No.

BIRTH NO. _____		REG. DIST. NO. <u>318</u>		PRIMARY REG. DIST. NO. <u>1003</u>		State File No.		Registrar's No.			
1. PLACE OF DEATH a. COUNTY _____				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>Missouri</u> b. COUNTY _____							
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Saint Louis</u>		c. LENGTH OF STAY (In this place) <u>Unknown</u>		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Saint Louis</u>							
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>3915 Cora Avenue, 15.</u>				d. STREET ADDRESS (If rural, give location) <u>3915 Cora Avenue, 15.</u>							
3. NAME OF DECEASED (Type or Print) <u>Lena</u>			a. (First)		b. (Middle)		c. (Last) <u>Tempelmeier</u>		4. DATE OF DEATH (Month) (Day) (Year) <u>Sept. 15th, 1951</u>		
5. SEX <u>Female</u>	6. COLOR OR RACE <u>White</u>		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Divorced</u>		8. DATE OF BIRTH <u>July 1st, 1876</u>		9. AGE (In years last birthday) <u>75</u>	IF UNDER 1 YEAR Months _____ Days _____	IF UNDER 2 HRS. Hours _____ Min. _____		
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Housework</u>			10b. KIND OF BUSINESS OR INDUSTRY <u>Own Home</u>		11. BIRTHPLACE (State or foreign country) <u>Saint Louis, Missouri.</u>			12. CITIZEN OF WHAT COUNTRY? <u>USA</u>			
13a. FATHER'S NAME <u>August Drake</u>			13b. MOTHER'S MAIDEN NAME <u>Caroline Busekrus</u>			14. NAME OF HUSBAND OR WIFE <u>William Tempelmeier</u>					
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <u>No</u>			16. SOCIAL SECURITY NO. <u>None</u>		17. INFORMANT'S SIGNATURE OR NAME <u>Mrs. Esther Daniel</u>			ADDRESS <u>3915 Cora Avenue, 15.</u>			
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, asphyxia, etc. It means the disease, injury, or complication which caused death.		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Cerebral vascular thrombosis</u> ANTECEDENT CAUSES <u>Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.</u> DUE TO (b) <u>ant. sclerotic cerebral cord</u> <u>etc etc</u> DUE TO (c) _____ II. OTHER SIGNIFICANT CONDITIONS <u>Diabetes mellitus</u> Conditions contributing to the death but not related to the disease or condition causing death.						INTERVAL BETWEEN ONSET AND DEATH <u>4 days</u> <u>2 yr</u> <u>10 yr</u>			
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) _____							
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? <u>H 2 21</u>							
22. I hereby certify that I attended the deceased from <u>2-8-1947</u> to <u>9-15-1951</u> , that I last saw the deceased alive on <u>9-14-1951</u> , and that death occurred at <u>2:05 A.M.</u> , from the causes and on the date stated above.											
23a. SIGNATURE <u>Wayne O. Dula M.D.</u> (Degree or title)				23b. ADDRESS <u>2739 No. Grand</u>			23c. DATE SIGNED <u>9-15-51</u>				
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>		24b. DATE <u>9/19/51</u>		24c. NAME OF CEMETERY OR CREMATORY <u>Saint Johns Cemetery</u>		24d. LOCATION (City, town, or county) (State) <u>St. Louis County, Missouri</u>					
DATE REC'D BY LOCAL REGISTERAR'S SIGNATURE <u>SEP 18 1951</u>		REGISTRAR'S SIGNATURE <u>Carl Smith</u>			25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS <u>Calvin F. Feutz, 4828 Natural Bridge Blvd.</u>						

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 _____

working under my personal supervision.

Student Embalmer No.

Signed.....
Student Embalmer

Signed Ralph C. Tindler

Licensed Embalmer No. 4275

P. O. Address St. Louis, Mo.

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.