THE DIVISION OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH

FILED MAR 29 1957

11446
STATE FILE NUMBER

Registration District No. 317 Primary Registration District No. 541 Registrar's No. 573

1. PLACE OF DEATH a. COUNTY St.Louis	2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE Missouri b. COUNTY St.Louis
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN Clayton — Inside Limits Yes ☒ No ☐	c. CITY OR TOWN Overland 4000 0 — Inside Limits Yes ☒ No ☐
c. FULL NAME OF HOSPITAL OR INSTITUTION (If NOT in hospital, give location) St.Louis County 0 — Length of stay in 1b Hosp-D.O.A.	d. STREET ADDRESS (If outside, give location) 1955-Brassie Dr. — Reside on Farm Yes ☐ No ☐

3. NAME OF DECEASED (Type or print)	First: Wilbur	Middle: George	Last: Temme	4. DATE OF DEATH Month Day Year: Mar.1,1957
5. SEX: Male 0	6. COLOR OR RACE: White	7. MARRIED ☒ NEVER MARRIED ☐ WIDOWED ☐ DIVORCED ☐	8. DATE OF BIRTH: Jul.8,1898	9. AGE (In years last birthday): 58 — 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): Public Works	10b. KIND OF BUSINESS OR INDUSTRY: City-Overland	11. BIRTHPLACE (City and state or country): Olivette,Mo. 0	12. CITIZEN OF WHAT COUNTRY? U.S.A.	
13. FATHER'S NAME: Fred Temme		14. MOTHER'S MAIDEN NAME: Margaret Buehl		
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown): Yes — (If yes, give war or dates of service): W.W.#1	16. SOCIAL SECURITY NO.: 488-18-0213	17. INFORMANT: Ida F.A.Temme — Address: 1955-Brassie Drive		

MEDICAL CERTIFICATION

18. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c).]

PART I. DEATH WAS CAUSED BY:

IMMEDIATE CAUSE (a) Carbon monoxide poisoning

Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. DUE TO (b)

DUE TO (c)

INTERVAL BETWEEN ONSET AND DEATH

PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I(a): 9731

19. WAS AUTOPSY PERFORMED? YES ☐ NO ☒ 2

20a. ACCIDENT ☐ SUICIDE ☒ HOMICIDE ☐

20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Part I or Part II of item 18.) Self inhaled carbon monoxide poisoning-body found in front seat of truck in Overland City Garage at 9507 Page Ave.

20c. TIME OF INJURY Hour a. m. Month, Day, Year: 7:30 ~~XX~~ 3/1/57 Body was found

20d. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☒

20e. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.): Overland City Garage

20f. CITY, TOWN, OR LOCATION: Overland — COUNTY: St. Louis — STATE: Mo.

21. I attended the deceased from _____, to _____ and last saw her/him alive on _____

Death occurred at _____ m on the date stated above; and to the best of my knowledge, from the causes stated.

22a. SIGNATURE (Degree or title): Raymond L. Harris Coroner 3	22b. ADDRESS: Clayton, Mo.	22c. DATE SIGNED: 3/8/57	
23a. BURIAL, CREMATION, REMOVAL (Specify): Burial	23b. DATE: 3-4-1957	23c. NAME OF CEMETERY OR CREMATORY: Laurel Hill Cemetery	23d. LOCATION (City, town, or county) (State): Pagedale,Mo.
24. FUNERAL DIRECTOR: Baumann Bros. Inc. — ADDRESS: 2504-Woodson Rd-Overland-14-Mo.	25. DATE RECD. BY LOCAL REG.: 3/4/57	26. REGISTRAR'S SIGNATURE: Herbert B. Domke MD 89	

(Licensed Embalmer's Statement on Reverse Side)

...Health, & Welfare ...Public ...th Service

S. 300 v. 1-56

...securing the medical certification in the specific manner required by 193.140 MoRS 1949. Doctor, coroner, etc. must use only standard nomenclature in item 18. No symptoms will be listed. All diseases in Part I must be casually related. Coroner cannot certify to a death due to natural causes.

USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was emb

by me, or by ....., Student Embalmer No.....

working under my personal supervision..

Student.....
Signature of Student Embalmer

Signed Oscar H. Mueller

Licensed Embalmer No. 70 3

P. O. Address Overland

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Fa
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.