WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important.

MISSOURI STATE BOARD OF HEALTH
BUREAU OF VITAL STATISTICS
CERTIFICATE OF DEATH

Do not use this space.

791 34444

1. PLACE OF DEATH

County ..... Registration District No. 1003 File No. .....

Township ..... Primary Registration District No. ..... Registered No. 9804

City St Louis (No. St Anthony's Hosp St. ..... Ward)

2. FULL NAME Alma ~~Temme~~ Temme Maxwell

(a) Residence. No. 4225 So Grand St., 15 Ward. .....
(Usual place of abode) (If nonresident give city or town and State)

Length of residence in city or town where death occurred yrs. mos. ds. How long in U.S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: Female
4. COLOR OR RACE: White
5. SINGLE, MARRIED, WIDOWED OR DIVORCED (write the word): Married

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF: W. Raymond Maxwell

6. DATE OF BIRTH (MONTH, DAY AND YEAR): Nov. 25, 1895

7. AGE: 34 YEARS | MONTHS: 10 | DAYS: 19 | If LESS than 1 day, ... hrs. or ..... min.

8. OCCUPATION OF DECEASED
(a) Trade, profession, or particular kind of work: Housewife
(b) General nature of industry, business, or establishment in which employed (or employer) .....
(c) Name of employer .....

9. BIRTHPLACE (CITY OR TOWN) St Louis
(STATE OR COUNTRY) Mo

PARENTS

10. NAME OF FATHER: Wm H Temme

11. BIRTHPLACE OF FATHER (CITY OR TOWN) .....
(STATE OR COUNTRY) Germany

12. MAIDEN NAME OF MOTHER: Martha Dobsch

13. BIRTHPLACE OF MOTHER (CITY OR TOWN) .....
(STATE OR COUNTRY) Germany

14. INFORMANT: W. Raymond Maxwell
(Address) 4225 So. Grand Ave

15. FILED 14 1930 ..... 19..... Max C Starkcoff REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR): Oct 13 1930

17. I HEREBY CERTIFY, That I attended deceased from December 7, 1929 to October 13, 1930 that I last saw her alive on October 12th, 1930, and that death occurred, on the date stated above, at 5:50 A m.

THE CAUSE OF DEATH* WAS AS FOLLOWS:

Sarcoma of right tibia and femur.

(duration) 1 yrs. 3 mos. — ds.

CONTRIBUTORY (SECONDARY) .....

(duration) ..... yrs. ..... mos. ..... ds.

18. WHERE WAS DISEASE CONTRACTED IF NOT AT PLACE OF DEATH? —

DID AN OPERATION PRECEDE DEATH? No DATE OF —

WAS THERE AN AUTOPSY? No.

WHAT TEST CONFIRMED DIAGNOSIS? Microscopic Examination

Oct (Signed) Albert Beisbarth, M. D

14th, 1930 (Address) 3548 S. Grand

*State the DISEASE CAUSING DEATH, or in deaths from VIOLENT CAUSES, state (1) MEANS AND NATURE OF INJURY, and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

19. PLACE OF BURIAL, CREMATION, OR REMOVAL: Valhalla Cemetery | DATE OF BURIAL: 10-16 1930

20. UNDERTAKER: Kriegshauser & Co | ADDRESS 4228 S Kingshighway

Re

THE STATE BOARD OF HEALTH OF MISSOURI
BUREAU OF VITAL STATISTICS

State of ..... } ss.
County of ..... }

State File No. 34 44 ...

AFFIDAVIT FOR CORRECTION OF A RECORD

Local Registrar's No. 9804

On this ..... day of ....., 194....., before me appears .....
....., who, upon ..... oath, states that the original record of birth/death for Alma Jemme Maxwell, died ~~born~~ 10-13, 1930, in the State of Missouri, and which was filed at ..... on ....., 19....., should be corrected as follows:

Item No. 2 should read Alma Jemme Maxwell
Instead of " Jamme "

Item No. 5 should read W. Raymond Maxwell
Instead of " "

Item No. 15 should read Martha Dobsch
Instead of Manta "

Item No. 17 should read W. Raymond Maxwell
Instead of " "

Item No. ..... should read .....
Instead of .....

Item No. ..... should read .....
Instead of .....

Item No. ..... should read .....
Instead of .....

Item No. ..... should read .....
Instead of .....

The above is true to the best of my knowledge, information and belief.

(SEAL)

Affiant Frank T. Deters Fun. Dir.
Relationship.

4228 S. Highway
Present Address

Subscribed and sworn to before me this 30 day of July, 1947

My Commission expires 3-4-49 Ella P. Paddock Notary Public.

Affidavits containing erasures will not be accepted; draw one line through error and write above it.

Form V. S. 135
50M—4-43
I X36667

S-34444
10, 10, 1930