

NOV 4 1936

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

Do not use this space.

1. PLACE OF DEATH

County
Township
City St. Louis,

Registration District No. 791
Primary Registration District No. 1008
(No. 3455a Osage St.

File No. 39147
Registered No. 10178
St. Ward)

2. FULL NAME John P. Temmeyer

(a) Residence, No. 3455a Osage St. St. 16 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 Male 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 Agnes Temmeyer

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) May 21, 1881.

7. AGE YEARS 55 MONTHS 4 DAYS 17 IF LESS than 1 day, hrs. or min.

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Private Secretary

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year) 11. Total time (years) spent in this occupation

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

13. NAME Philip Temmeyer

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Germany.

15. MAIDEN NAME Gesina Bruemner

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Germany.

17. INFORMANT (ADDRESS) Agnes Temmeyer
3455a Osage St.

18. BURIAL, CREMATION, OR REMOVAL SS. Peter & Paul Cem. DATE Oct. 10, 1936

19. UNDERTAKER (ADDRESS) J. H. Gephart Lx & Co.
2842 Teramec St.

20. FILED OCT 8 1936 J. P. Bredeck Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Oct. 8, 1936

22. I HEREBY CERTIFY (that) I attended deceased from July 18, 1936, to Oct 8, 1936. I last saw deceased alive on Oct 2, 1936. Death is said

to have occurred on the date stated above, at 2:20 P. m.

The principal cause of death and related causes of importance were as follows:

Myocarditis chronic Date of onset

Other contributory causes of importance:

John Bruemner 7/18/36

Name of operation Tomy & Splenic Date of 7/18/36
What test confirmed diagnosis Yes Was there an autopsy? Yes

23. If death was due to external causes (violence), fill in also the following: Accident, suicide, or homicide? Date of injury 19.....

Where did injury occur? (Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place.

Manner of injury
Nature of injury

24. Was disease or injury in any way related to occupation of deceased?
If so, specify Yes

(Signed) D. P. ... M. D.
(Address) 3115 S. ...

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.

