REC'D MAY 10 1938

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

12827
Do not use this space.

1. PLACE OF DEATH
(a) County ..... Registration District No. 791 1003
(b) Township ..... Primary Registration District No. ..... Registered No. 3431
(c) City ..... (d) Street No. CITY HOSPITAL NO. 1 St.
(If death occurred in Hospital or Institution, write its name instead of street and number)
(e) Length of residence in city or town where death occurred yrs. mos. ds. (f) How long in U. S., if of foreign birth? yrs. mos. ds.

2. PRINT FULL NAME ROMAN TEMMEL, SR. 5140
(a) Residence, No. 1946A DODIER ST St. 26
(Usual place of abode, if no street address, write county or city) (If nonresident, give city or town and State)

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 ELIZABETH TEMMEL

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) FEB. 9, 1891

7. AGE

YEARS	MONTHS	DAYS	If LESS than 1 day, ... hrs. or ..... min.
47	2	1	

OCCUPATION
8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc. IRON WORKER
9. Industry or business in which work was done, as saw mill, bank, etc. FORMAN
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) AUSTRIA 7

FATHER
13. NAME ANTON TEMMEL 7
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) AUSTRIA 7

MOTHER
15. MAIDEN NAME UNKNOWN
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) AUSTRIA

17. INFORMANT (ADDRESS) ROMAN TEMMEL, JR. 1946A DODIER ST

18. BURIAL, CREMATION, OR REMOVAL
PLACE CALVARY CEMETERY DATE APR. 13, 1938

19. FUNERAL DIRECTOR (ADDRESS) Goodhart & Goodhart 2228 St Louis Ave

20. FILED APR 12 1938 J. F. Bredeck Local Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) 4-10- 1938

22. I HEREBY CERTIFY, That I attended deceased from Mar. 5, 1938, to Mar 9, 1938
I last saw him alive on Mar 8, 1938 Death is said to have occurred on the date stated above, at 10:25 A.m.
The principal cause of death and related causes of importance were as follows:

	Date of onset
Acute Double Lobar Pneumonia 1	4 15, 38

Other contributory causes of importance: 108

Name of operation ..... Date of .....
What test confirmed diagnosis? ..... Was there an autopsy? .....

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 .....
(Signed) B. J. Stegal, M. D.
(Address) 1875 Madison

(Licensed Embalmer's Statement on Reverse Side)

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.

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

X12004

STATEMENT BY LICENSED EMBALMER

I, Charles J. Goodhart, Licensed Embalmer No. 2777

hereby certify that the body recorded on the reverse side of this certificate was embalmed by Charles J. Goodhart

L. E.

No. ..... or by ....., Registered Apprentice No. .....

working under my personal supervision.

Signed Charles J. Goodhart

Licensed Embalmer No. 2777

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.)