

FILED MAR 14 1940

State File No. _____

Registration District No. 209

Primary Registration District No. 6000

Registrar's No. 5

92

WRITE PLAINLY—USE UNFADING BLACK INK—MAKE A PERMANENT RECORD

1. PLACE OF DEATH:

(a) County St. Charles
(b) City or town Wentzville Rural, Gallaway
(c) Name of hospital or institution:
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution 2
(Specify whether years, months or days)

In this community 25 years
(Specify whether years, months or days)

8. (a) PRINT FULL NAME Henry William Temme

8. (b) If veteran, name war _____ 3. (c) Social Security No. _____

4. Sex Male 5. Color or race White 6. (a) Single, widowed, married, divorced Married

6. (b) Name of husband or wife _____ 6. (c) Age of husband or wife if alive _____ years

7. Birth date of deceased October 15 1883
(Month) (Day) (Year)

8. AGE: Years 56 Months 4 Days 7 If less than one day _____ hr. _____ min.

9. Birthplace St. Louis Mo.
(City, town, or county) (State or foreign country)

10. Usual occupation Farmer

11. Industry or business _____

12. Name Henry Temme

13. Birthplace Don't know Germany
(City, town, or county) (State or foreign country)

14. Maiden name Luise Henneker

15. Birthplace Don't know Germany
(City, town, or county) (State or foreign country)

16. (a) Informant Hester Temme

(b) Address Wentzville, Mo.

17. (a) Burial (b) Date there 12-26-1940
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Wentzville

18. (a) Signature of funeral director [Signature]

(b) Address Wentzville, Mo.

19. (a) 2-26-40 (b) [Signature]
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Mo (b) County St. Charles

(c) City or town Wentzville Rural
(If outside city or town limits, write "RURAL")

(d) Street No. Route 1
(If rural, give location)

(e) If foreign born, how long in U. S. A.? _____ years

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Feb 2 day 22
year 1940 hour 4 minute 30 M.

21. I hereby certify that I attended the deceased from Feb 18
1940, to Feb 22 1940
that I last saw him alive on Feb 22 1940
and that death occurred on the date and hour stated above.

Immediate cause of death Acute Lobar Pneumonia

Due to _____

Due to _____

Other conditions (Include pregnancy within 3 months of death) _____

Major findings: Of operations _____

Of autopsy _____

22. If death was due to external causes, fill in the following:

(a) Accident, suicide, or homicide (specify) _____

(b) Date of occurrence _____

(c) Where did injury occur? _____
(City or town) (County) (State)

(d) Did injury occur in or about home, on farm, in industrial place, in public place? _____

While at work? _____ (Specify type of place) (e) Means of injury _____

23. Signature [Signature] (M. D. or other) 1

Address Foristell Date signed _____

Duration

PHYSICIAN

Underline the cause to which death should be charged statistically.

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.....
....., Registered Apprentice No.
working under my personal supervision.

Signed *P. E. Johnson*

Licensed Embalmer No. 2711

P. O. Address Wrightville, 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, above space should be left blank.