

No. 2  
1-13-40  
-17-39  
X23159

FILED MAY 13 1941

DEPARTMENT OF COMMERCE  
BUREAU OF THE CENSUS

MISSOURI STATE BOARD OF HEALTH  
STANDARD CERTIFICATE OF DEATH

State File No. 12620  
3050

Registration District No. 791 Primary Registration District No. 1003 Registrar's No.

1. PLACE OF DEATH:  
(a) County.....  
(b) City or town St. Louis  
(c) Name of hospital or institution:  
2310a Allen Ave.  
(d) Length of stay: In hospital or institution.....  
In this community.....  
years, months or days)

2. USUAL RESIDENCE OF DECEASED:  
(a) State Mo. (b) County.....  
(c) City or town St. Louis  
(d) Street No. 2310a Allen Ave.  
(e) If foreign born, how long in U. S. A.?

3. (a) PRINT FULL NAME Martha F. Temme  
(b) If veteran, name war None  
(c) Social Security No. None

4. Sex Female 5. Color or race White  
6. (a) Single, widowed, married, divorced Married  
6. (b) Name of husband or wife William H. Temme  
6. (c) Age of husband or wife if alive 70 years  
7. Birth date of deceased May 7th 1871  
(Month) (Day) (Year)

8. AGE: Years Months Days If less than one day  
69 10 0 hr. min.

9. Birthplace Germany  
(City, town, or county) (State or foreign country)

10. Usual occupation Housewife

11. Industry or business.....

12. Name Joseph Dobsch

13. Birthplace Germany  
(City, town, or county) (State or foreign country)

14. Maiden name Unknown

15. Birthplace Germany  
(City, town, or county) (State or foreign country)

16. (a) Informant William Temme

(b) Address 2310a Allen Ave.

17. (a) Burial (b) Date thereof 4-9-41  
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation St. Peter & Paul Cem.

18. (a) Signature of funeral director Kriegshauser Mortuary  
(b) Address 4228 So. Kingshighway Blvd.

19. (a) APR 7 1941 (b) J. F. Brodbeck  
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION  
20. DATE OF DEATH: Month April day 7th  
year 1941 hour 1:30 minute A.M. M.

21. I hereby certify that I attended the deceased from May 15  
1940 to Apr 7 1941  
that I last saw h. alive on Mar 78 1941  
and that death occurred on the date and hour stated above.

Immediate cause of death Chronic Myocarditis  
Due to Arterio-sclerosis  
Due to Dilated Heart

Other conditions (Include pregnancy within 3 months of death)  
Major findings:  
Of operations 93  
Of autopsy 93

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

PHYSICIAN  
Underline the cause to which death should be charged statistically.

23. Signature Wm. S. ... (M. D. or other)  
Address 2019 S. Jefferson Date signed 4/7/41

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

MOTHER FATHER

**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 

Licensed Embalmer No. 3024

P. O. Address.....

**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, fact should be so stated above.**

MISSOURI DEPARTMENT OF HEALTH