

FILED MAR 24 1942 791

Primary Registration District No. 1000

Registrar's No. 2118

1. PLACE OF DEATH:

(a) County _____
(b) City or town Saint Louis, Missouri.
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: 3400 S. Lind - Little Sisters of The Poor
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution _____
(Specify whether _____)
In this community _____
years, months or days

3. (a) PRINT FULLNAME Emma Tempelhof.

3. (b) If veteran, name war _____
3. (c) Social Security No. None

4. Sex Female / 5. Color or race White
6. (a) Single, widowed, married, divorced, Widowed

6. (b) Name of husband or wife George Tempelhof.
6. (c) Age of husband or wife if alive _____ years
(Month) (Day) (Year)

7. Birth date of deceased August 27th, 1854.
(Month) (Day) (Year)

8. AGE: Years 87 Months 6 Days 7
If less than one day hr. _____ min. _____

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

10. Usual occupation At Home

11. Industry or business _____

MOTHER FATHER { 12. Name Herman Hesse.

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

14. Maiden name Unknown

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

16. (a) Informant Numerieth Edley

(b) Address 3542-A Texas Ave.

17. (a) Burial (b) Date thereof March 7th, 42.
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation St. Matthews Cemetery.

18. (a) Signature of funeral director J. F. Medeck Bros.
(b) Address 6409 Gravois Ave.

19. (a) MAR 7 1942 (b) J. F. Medeck
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri. (b) County 000
(c) City or town Saint Louis,
(If outside city or town limits, write "RURAL") 247
(d) Street No. 3542-A Texas Ave.
(If rural, give location) 0
(e) If foreign born, how long in U. S. A. _____ years.

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month March day 4th,
year 1942. hour 6 minute 45 A.M.

21. I hereby certify that I attended the deceased from Friday
1 1942 to March 4, 1942
that I last saw him alive on March 3, 1942
and that death occurred on the date and hour stated above.

Immediate cause of death Ch. Interstitial Nephritis
Due to Arterio Sclerosis
Duration 174
Other conditions Sclerosis 242

Other conditions (Include pregnancy within 3 months of death)

Major findings: Of operations 121
Of autopsy _____
PHYSICIAN _____
Underline the cause to which death should be charged statistically.

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) Means of injury _____
23. Signature J. F. Medeck (M. D. or other) _____
Address Missouri Club 137 Date signed 3/5/42

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

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.....

V. E. Morris

Licensed Embalmer No. 3360

P. O. Address 6409 Graves

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.