

S. No. 2  
M-1-4-41  
v. 5-17-39  
X26390

DEPARTMENT OF COMMERCE  
BUREAU OF THE CENSUS

MISSOURI STATE BOARD OF HEALTH  
STANDARD CERTIFICATE OF DEATH

State File No. **9296**  
Registrar's No. **2210**

Registration District No. **791**

Primary Registration District No. **1003**

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

17  
9

52

1. PLACE OF DEATH:

(a) County St. Louis  
(b) City or town St. Louis  
(If outside city or town limits, write "RURAL" and name of township)  
(c) Name of hospital or institution:  
Mo. Baptist Hospital  
(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)

2. USUAL RESIDENCE OF DECEASED:

(a) State Mo. (b) County \_\_\_\_\_  
(c) City or town St. Louis  
(If outside city or town limits, write "RURAL")  
(d) Street No. 3710 A So. Jefferson Ave.  
(If rural, give location)  
(e) Citizen of foreign country? \_\_\_\_\_ (Yes or No)  
If yes, name country \_\_\_\_\_

0-3  
17  
24  
9  
0

3. (a) PRINT FULL NAME Walter M. Temperli

3. (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 Olga Temperli 6. (c) Age of husband or wife if alive \_\_\_\_\_ years

7. Birth date of deceased Aug. 5th 1892  
(Month) (Day) (Year)

8. AGE: Years 49 Months 7 Days 4 If less than one day \_\_\_\_\_ hr. \_\_\_\_\_ min.

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

10. Usual occupation Furnace man  
Home Comfort Heating Co.

11. Industry or business \_\_\_\_\_

12. Name Gottlieb Temperli

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

14. Maiden name Kathie Pfund

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

16. (a) Informant Mrs. Olga Temperli

(b) Address 3710a So. Jefferson Ave.

17. (a) Cremation (b) Date thereof 3-12-42  
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation: Valhalla Crematory

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

19. (a) JAN 10 1942 (b) J. F. Fredrick  
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month March day 9th  
year 1942 hour 9:45 minute \_\_\_\_\_ P.M. M.

21. I hereby certify that I attended the deceased from \_\_\_\_\_  
\_\_\_\_\_ 19\_\_\_\_, to \_\_\_\_\_ 19\_\_\_\_;  
that I last saw him \_\_\_\_\_ alive on \_\_\_\_\_ 19\_\_\_\_;  
and that death occurred on the day and hour stated above.

Diagnosis: Myocarditis  
Calcified scar tissue causing  
pressure on spinal cord in region  
of 7th thoracic from injury  
received while at work at the  
St. Louis Furnace Co.  
2901 Elliot ave October 1936  
Other conditions \_\_\_\_\_  
(Include pregnancy within 3 months of death)

Duration

PHYSICIAN

Major findings:  
Of operations \_\_\_\_\_  
Of autopsy \_\_\_\_\_  
133a

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) Accident

(b) Date of occurrence October 1936

(c) Where did injury occur? St. Louis Mo  
(City or town) (County) (State)

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

While at work? \_\_\_\_\_ (e) Means of injury \_\_\_\_\_

23. Signature Thomas F Callahan (M. D. or other)  
Address Deputy Coroner Date signed 3/10/42

APR 13 1942

---

---

**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

*Reinhold K. Schumann*

Licensed Embalmer No.

*3395*

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.**