

FILED FEB 23 1943 318

Registration District No. _____

Primary Registration District No. _____

1. PLACE OF DEATH:

(a) County _____
(b) City or town St. Louis, Missouri
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution:
St. Luke's 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

3. (a) PRINT FULL NAME TEMME - LENA

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 Married

6. (b) Name of husband or wife Julius Temme 6. (c) Age of husband or wife if alive 70 years

7. Birth date of deceased September 14, 1874
(Month) (Day) (Year)

8. AGE: Years Months Days If less than one day
68 4 25 hr. min.

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

10. Usual occupation Housewife

11. Industry or business Unknown Brockman

12. Name Unknown Germany
(City, town, or county) (State or foreign country)

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

14. Maiden name Unknown Germany
(City, town, or county) (State or foreign country)

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

16. (a) Informant Adolph Temme
(b) Address Okawville, Illinois

17. (a) Removal (b) Date thereof 2/10/43
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Okawville, Illinois
18. (a) Signature of funeral director Albert H. Hoppe, Inc
(b) Address 4700 Washington Blvd.,
19. (a) FEB 10 1943 (b) J. F. Brudeck
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Illinois (b) County Washington
(c) City or town Okawville
(If outside city or town limits, write "RURAL")
(d) Street No. _____ (If rural, give location)
(e) Citizen of foreign country? NO (Yes or No)
If yes, name country _____

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month 9 day 3 hour 40 minute P.
year 1943

21. I hereby certify that I attended the deceased from Feb. 5 1943 to Feb. 9 1943
that I last saw her alive on Feb. 9 1943
and that death occurred on the date and hour stated above.

Immediate cause of death: Peritonitis & acute appendicitis
Due to acute inflammation

Due to _____
Other conditions: 12/2
(Include pregnancy within 3 months of death)

Major findings: Appendicitis
Of operations: Peritonitis
Of autopsy: same

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 Onas R. Swind (M. D. or other) _____
Address 4952 Maryland Date signed 2/10/43

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

MOTHER FATHER

Duration

5 da.
4 hrs.
7 da.

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.....

W. Wilkins

Licensed Embalmer No. 3575

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.