

FILED MAR 3 1945

Registration District No. **318** Primary Registration District No. **1003** Registrar's No. **1506**

1. PLACE OF DEATH:

(a) County \_\_\_\_\_

(b) City or town St. Louis  
(If outside city or town limits, write "RURAL" and name of township)

(c) Name of hospital or institution: City Sanitarium 0  
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution 2 mos. 3 ds.  
(Specify whether years, months or days)

In this community 1 yr.  
(Specify whether years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County 000 15 8

(c) City or town St. Louis  
(If outside city or town limits, write "RURAL")

(d) Street No. 3428a Tennessee Ave /6  
(If rural, give location)

(e) Citizen of foreign country? C (Yes or No)  
If yes, name country \_\_\_\_\_

3. (a) PRINT FULL NAME HENRY TEMPEL

3. (b) If veteran, name war \_\_\_\_\_

3. (c) Social Security No. \_\_\_\_\_

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Feb. day 14, year 1945 hour 9.30 minute \_\_\_\_\_ A. M.

21. I hereby certify that I attended the deceased from Dec. 11, 1944 to Feb. 14, 1945 that I last saw him alive on Feb. 14, 1945 and that death occurred on the date and hour stated above.

4. Sex Male 5. Color or race white

6. (a) Single, widowed, married, divorced Married

6. (b) Name of husband or wife Mary Tempel

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

Immediate cause of death \_\_\_\_\_

Due to Chronic Myocarditis 1944x

7. Birth date of deceased March 6 1866  
(Month) (Day) (Year)

8. AGE: Years Months Days If less than one day  
78 11 8 hr. \_\_\_\_\_ min.

Due to Arteriosclerosis And Hypertension 1944x.

Other conditions \_\_\_\_\_  
(Include pregnancy within 3 months of death)

9. Birthplace near Warrenton Missouri  
(City, town, or county) (State or foreign country)

10. Usual occupation Methodist Minister

Major findings: Of operations \_\_\_\_\_

Of autopsy \_\_\_\_\_

PHYSICIAN \_\_\_\_\_

Underline the cause to which death should be charged statistically.

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

12. Name Adolph Tempel

13. Birthplace Germany 4  
(City, town, or county) (State or foreign country)

14. Maiden name Sophie Eggel 4  
(City, town, or county) (State or foreign country)

15. Birthplace Germany 4  
(City, town, or county) (State or foreign country)

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? \_\_\_\_\_

16. (a) Informant Thelma A Singler

(b) Address 5400 Arsenal St.

17. (a) Burial (b) Date thereof 2 16 45  
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Sunset Burial Park

While at work? \_\_\_\_\_ (Specify type of place)

(e) Means of injury C

23. Signature Palmer Roman Powell (D. or other) \_\_\_\_\_

Address 5600 Arsenal St Date signed 7/14/45

18. (a) Signature of funeral director Walter Holdersh

(b) Address 3634 Maple Ave

19. (a) FEB 15 1945 (b) J. F. Bredeck  
(Date received local registration) (Registrar's signature)

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 *Frank J. Hyland*

Licensed Embalmer No. *9675*

P. O. Address *St. Louis*

**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.**