

FILED NOV 28 1947  
Registration District No. 318

Primary Registration District No. ....

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

1. PLACE OF DEATH:

(a) County.....

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

(c) Name of hospital or institution..... DEACONESS HOSPITAL 0  
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution..... 3 WEEKS  
(Specify whether)

In this community..... LIFE  
years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State..... MISSOURI (b) County..... *oas*

(c) City or town..... SAINT LOUIS 17  
(If outside city or town limits, write "RURAL")

(d) Street No..... 3829 MAFFITT AVENUE 9  
(If rural, give location)

(e) Citizen of foreign country?..... NO 0  
(Yes or No)

If yes, name country.....

3. (a) PRINT FULL NAME..... MRS. DELPHINE TEMPELMEIER

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

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

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month..... NOVEMBER 14th day.....  
year..... ~~1947~~ 1947 hour..... 6 minute..... 00 A. M.

4. Sex..... FEMALE / 5. Color or race..... WHITE

6. (a) Single, widowed, married, divorced..... MARRIED /

6. (b) Name of husband or wife..... MR. EMIL TEMPELMEIER 6. (c) Age of husband or wife if alive..... 64 years

7. Birth date of deceased..... MARCH 15th 1886  
(Month) (Day) (Year)

21. I hereby certify that I attended the deceased from.....  
*April 13 1947* to..... *Nov 14 1947*

that I last saw her..... alive on..... *Nov 13 1947*  
and that death occurred on the date and hour stated above.

Duration.....

8. AGE:

Years	Months	Days	If less than one day
61	7	29	..... hr. .... min.

Immediate cause of death.....  
*Coronary Occlusion*

Due to..... *Hypertension* years

Due to..... *Acute arteriosclerosis* years

Other conditions.....  
(Include pregnancy within 3 months of death)

9. Birthplace..... SAINT LOUIS, MISSOURI 0  
(City, town, or county) (State or foreign country)

10. Usual occupation..... HOUSEWIFE

Major findings:  
Of operations..... *CH*

Of autopsy.....

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

11. Industry or business.....

12. Name..... THEODORE RUENHECK

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

14. Maiden name..... EMMA HENNING

15. Birthplace..... SAINT LOUIS, MISSOURI 0  
(City, town, or county) (State or foreign country)

16. (a) Informant..... MR. EMIL TEMPELMEIER  
(b) Address..... 3829 MAFFITT AVENUE

17. (a) BURIAL (b) Date thereof..... 11/17/47  
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation..... ST. PETERS CEMETERY

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?..... 0  
(Specify type of place)

While at work?..... (c) Means of injury.....

18. (a) Signature of funeral director..... CALVIN F. FEUTZ  
(b) Address..... 4828 NATURAL BRIDGE BOULEVARD

19. (a) NOV 14 1947 (b) *J. F. Brudeck*  
(Date received local registrar) (Registrar's signature)

23. Signature..... *Sam J. Pearson* (M. D. or other) *J. F.*  
Address..... 3724 Washington Date signed..... 11/14/47

Beaumont 1844  
275 5th Ave

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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 John A. Mlinar  
Licensed Embalmer No. 4186  
P. O. Address St. Louis Mo

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.