

FILED MAR 3 1949

STANDARD CERTIFICATE OF DEATH

State File No. 7042

00234

BIRTH NO. REG. DIST. NO. 317 PRIMARY REG. DIST. NO. 6076 Registrar's No.

1. PLACE OF DEATH a. COUNTY St. Louis		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE Missouri b. COUNTY St. Louis	
b. CITY (If outside corporate limits, write RURAL and give township) Manchester		c. CITY (If outside corporate limits, write RURAL and give township) St. Louis	
c. LENGTH OF STAY (In this place) 3 months		d. STREET ADDRESS (If rural, give location) 4320 Linton Ave	
d. FULL NAME OF HOSPITAL OR INSTITUTION Manchester Nursing Home 4			

3. NAME OF DECEASED (Type or Print) a. (First) Dora b. (Middle) / c. (Last) Temme			4. DATE OF DEATH (Month) (Day) (Year) Jan. 29, 1949		
5. SEX Female	6. COLOR OR RACE White	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Widow	8. DATE OF BIRTH Sept. 29, 1874	9. AGE (In years last birthday) 74	IF UNDER 1 YEAR Months IF UNDER 24 HRS. Days Hours Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) House wife			10b. KIND OF BUSINESS* OR INDUSTRY		11. BIRTHPLACE (State or foreign country) Illinois
12. CITIZEN OF WHAT COUNTRY? U.S.A.					

13a. FATHER'S NAME William Wehmeyer		13b. MOTHER'S MAIDEN NAME Wilhelma Ehlers		14. NAME OF HUSBAND OR WIFE William F. Temme	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) No		16. SOCIAL SECURITY NO.		17. INFORMANT'S SIGNATURE OR NAME Arthur Temme	
				ADDRESS 4320 Linton Ave	

18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c) *This does not mean the mode of dying, such as heart failure, ashenia, etc. It means the disease, injury, or complication which caused death.		MEDICAL CERTIFICATION 1. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) acute Parotitis			INTERVAL BETWEEN ONSET AND DEATH 4 days
ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.		DUE TO (b) Chr. myocarditis 44c			
		DUE TO (c) Gen'l arteriosclerosis of 08 11			
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.		senile dementia 08			

19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION		20. AUTOPSY? YES <input type="checkbox"/> NO <input type="checkbox"/>	
21a. ACCIDENT SUICIDE HOMICIDE (Specify) NO		21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)		21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)	
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) (Min.)		21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21f. HOW DID INJURY OCCUR?	

22. I hereby certify that I attended the deceased from **Nov. 1948**, to **January 1949**, that I last saw the deceased alive on **Jan 28, 1949**, and that death occurred at **11:20 a.m.**, from the causes and on the date stated above.

23a. SIGNATURE Chas. Caser M.D.		(Degree or title)		23b. ADDRESS Chas. Caser, No. 1-31-49	
23c. DATE SIGNED		24a. BURIAL, CREMATION, REMOVAL (Specify) Burial		24b. DATE Feb. 2, 1949	
		24c. NAME OF CEMETERY OR CREMATORY Zion Cemetery		24d. LOCATION (City, town, or county) (State) St. Louis County, Mo.	

DATE REC'D BY LOCAL REG. 1-31-49		REGISTRAR'S SIGNATURE Thurmond B. ...		25. FUNERAL DIRECTOR'S SIGNATURE Math Hermann & Son, Inc.	
				ADDRESS 2161 E. Fair Ave	

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

96000

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 _____

Student Embalmer No. _____

working under my personal supervision.

Signed _____
Student Embalmer

Signed

Walter Burnley
Licensed Embalmer No. *11202*
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.