

BIRTH NO. _____ REG. DIST. NO. **318** PRIMARY REG. DIST. NO. **1003** Registrar's No. **3255**

1. PLACE OF DEATH a. COUNTY ST LOUIS, Mo		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE MISSOURI b. COUNTY _____	
b. CITY (If outside corporate limits, write RURAL and give township) ST LOUIS		c. LENGTH OF STAY (in this place) _____	
c. CITY (If outside corporate limits, write RURAL and give township) ST LOUIS, 2169		d. STREET ADDRESS (If rural give location) 4161 WYOMING	
d. FULL NAME OF HOSPITAL OR INSTITUTION 4161 WYOMING		e. STREET ADDRESS (If rural give location) 16 4161 WYOMING	

3. NAME OF DECEASED (Type or Print) a. (First) HELEN b. (Middle) J c. (Last) TEMMEN			4. DATE OF DEATH (Month) (Day) (Year) 4-6-1950		
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5. SEX FEMALE	6. COLOR OR RACE White	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Widow	8. DATE OF BIRTH SEP. 24 - 1867	9. AGE (In years last birthday) 82	10. UNDER 1 YEAR (Months) 6	11. UNDER 1 HR. (Hours) 12
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10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) _____	10b. KIND OF BUSINESS OR INDUSTRY AT HOME	11. BIRTHPLACE (State or foreign country) ST LOUIS MO	12. CITIZEN OF WHAT COUNTRY? USA
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13a. FATHER'S NAME Berman	13b. MOTHER'S MAIDEN NAME Berman	14. NAME OF HUSBAND OR WIFE Deceased
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15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) _____	16. SOCIAL SECURITY NO. (If yes, give war or dates of service) NONE	17. INFORMANT'S SIGNATURE OR NAME Helen Tack	17. ADDRESS 55 22. Rhodes
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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.	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Influenza. Atrio		INTERVAL BETWEEN ONSET AND DEATH _____
	ANTECEDENT CAUSES Sclerosis. Rupture of eye		
	II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. _____		

19a. DATE OF OPERATION _____	19b. MAJOR FINDINGS OF OPERATION _____	20. AUTOPSY? YES <input type="checkbox"/> NO <input type="checkbox"/>
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21a. ACCIDENT SUICIDE HOMICIDE (Specify) _____	21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) _____	21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE) ST LOUIS MO
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21d. TIME OF INJURY (Month) (Day) (Year) (Hour) _____	21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	21f. HOW DID INJURY OCCUR? _____
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22. I hereby certify that I attended the deceased from **3/75**, 19**50**, to **4/6/50**, 19**50**, that I last saw the deceased alive on **Apr 2**, 19**50**, and that death occurred at **1:15 A.M.**, from the causes and on the date stated above.

23a. SIGNATURE (Degree or title) Dr. W. W. ...	23b. ADDRESS 1504 S. Grace	23c. DATE SIGNED 4/7/50
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24a. BURIAL, CREMATION, REBURY (Specify) Burial	24b. DATE 4-8-1950	24c. NAME OF CEMETERY OR CREMATORY Reconnection	24d. LOCATION (City, town, or county) (State) St. Louis MO
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DATE REC'D BY LOCAL REG. APR 7 1950	REGISTRAR'S SIGNATURE J. B. ...	GENERAL DIRECTOR'S SIGNATURE Th. ...	ADDRESS 3819 S. Grand
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WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

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.....

.....
working under my personal supervision.

Signed.....
Student Embalmer

Signed *Geo J. Winklermuelle Jr*
Student Embalmer No.....
Licensed Embalmer No. *4611*
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.