

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

58-023815  
Stat. Lic. No.

BIRTH NO. JUN 27 1958 REG. DIST. NO. 318 PRIMARY REG. DIST. NO. 1003 Registrar's No. 6214

1. PLACE OF DEATH a. COUNTY		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE Missouri b. COUNTY Jefferson	
b. CITY (If outside corporate limits, write RURAL and give town) St. Louis, Mo.		c. LENGTH OF STAY (in this place)	c. CITY OR TOWN Rural
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location) 01 Lutheran Altenheim		e. STREET ADDRESS (If rural, give location) 2299 near Jarvis, Mo.	
3. NAME OF DECEASED (Type or Print) a. (First) Louisa b. (Middle) Temming c. (Last)		4. DATE OF DEATH (Month) (Day) (Year) June 14, 1958	
5. SEX F. 1 W.	6. COLOR OR RACE W.	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Widowed 2	8. DATE OF BIRTH Nov. 18, 1882
9. AGE (In years last birthday) 75		10. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Housework	11. BIRTHPLACE (City and State or Foreign Country) Hillsboro, Mo.
12. CITIZEN OF WHAT COUNTRY? U. S. A.		13. FATHER'S NAME John Grau	
13b. MOTHER'S MAIDEN NAME Wilhelmina Brinkman		14. NAME OF HUSBAND OR WIFE John Temming	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) no none		16. SOCIAL SECURITY NO. none	
17. INFORMANT'S SIGNATURE OR NAME H. Temming		ADDRESS 3892 Kingsland St. Louis	
18. DATE 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 I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Pancreatitis - acute</u> INTERVAL BETWEEN ONSET AND DEATH <u>3 Wks</u> ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <u>Biliary obstruction</u> INTERVAL BETWEEN ONSET AND DEATH <u>3 Wks</u> DUE TO (c) II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. <u>Senility</u>	
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION	
20. AUTOPSY? / YES <input checked="" type="checkbox"/> NO <input type="checkbox"/>			
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)			
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			
22. I hereby certify that I attended the deceased from <u>6 PM</u> , 19 <u>58</u> , to <u>14 June</u> , 19 <u>58</u> , that I last saw the deceased alive on <u>14 June</u> , 19 <u>58</u> , and that death occurred at <u>7 P. M.</u> , from the causes and on the date stated above.			
23a. SIGNATURE <u>R. G. Schmecken</u>		23b. ADDRESS <u>6817 Seaver St</u>	
23c. DATE SIGNED <u>6/18/58</u>			
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Removal</u>		24b. DATE <u>June 16, 58</u>	
24c. NAME OF CEMETERY OR CREMATOR <u>Zion Lutheran</u>		24d. LOCATION (City, town, or county) (State) <u>Jarvis, Mo.</u>	
DATE REC'D BY LOCAL REG. <u>JUN 18 '58</u>		REGISTRAR'S SIGNATURE <u>Carl Smith</u>	
25. FUNERAL DIRECTOR'S SIGNATURE <u>Heiligtag</u>		ADDRESS <u>--Imperial, Mo.</u>	

WRITE PLAINLY--USING UNFAADING BLACK INK--MAKE A PERMANENT RECORD  
Schmecken, R. G. H.

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..

Student.....  
Signature of Student Embalmer

Signed *Harvey Kable*.....  
Licensed Embalmer No. *4596*.....  
P. O. Address *Floussant*.....

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 embalmed by a STUDENT, he also shall sign in his OWN handwriting.  
If this body is not embalmed, fact should be so stated above.