

Health,
Welfare
Public
Service

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

58-046396
STATE FILE NUMBER
12118
Registrar's No.

Registration District No. 318 Primary Registration District No. 1003

1. PLACE OF DEATH
a. COUNTY

2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)
a. STATE Missouri, b. COUNTY

b. CITY (If outside corporate limits, give TOWNSHIP only)
St. Louis, Inside Limits Yes No

c. CITY OR TOWN St. Louis, Inside Limits Yes No

c. FULL NAME OF (If NOT in hospital, give location)
01 HOSPITAL OR INSTITUTION 5201 Alabama Ave., Length of stay in lb

d. STREET ADDRESS (If outside, give location)
1157 ADDRESS 5201 Alabama Ave., Reside on Farm Yes No

3. NAME OF DECEASED (Type or print) First Middle Last
Anna Temmeyer,

4. DATE OF DEATH Month Day Year
December 15, 1958

5. SEX Female, 6. COLOR OR RACE White, 7. MARRIED NEVER MARRIED
WIDOWED 2 DIVORCED

8. DATE OF BIRTH December 1, 1873 9. AGE (In years last birthday) 85

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)
At Home, 10b. KIND OF BUSINESS OR INDUSTRY

11. BIRTHPLACE (City and state or country) St. Louis, Missouri, 12. CITIZEN OF WHAT COUNTRY? U.S.A.

13a. FATHER'S NAME Henry Hoppmann, 13b. MOTHER'S MAIDEN NAME

14. NAME OF HUSBAND OR WIFE Henry Temmeyer, (deceased)

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. None 17. INFORMANT Mrs. Wilma Bordeaux, 5201 Alabama Ave., Address

18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).)
PART I. DEATH WAS CAUSED BY:
IMMEDIATE CAUSE (a) Cardiac Failure
DUE TO (b) Arterio Sclerotic C.V.R. Dx 10 yrs
442X
DUE TO (c)
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a)
Senile changes

19. WAS AUTOPSY PERFORMED? YES NO

20a. ACCIDENT SUICIDE HOMICIDE

20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18.)

20c. TIME OF INJURY Hour Month, Day, Year
a.m. p.m.

20d. INJURY OCCURRED WHILE AT NOT WHILE AT WORK

20e. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)

20f. CITY, TOWN, OR LOCATION COUNTY STATE

21. I attended the deceased from 9-26-58 to 12-15-58 and last saw her alive on 12-8-58
Death occurred at 6:00 A.M. m on the date stated above; and to the best of my knowledge, from the causes stated.

22a. SIGNATURE (Degree or title) Charles A. Roster MD 22b. ADDRESS 5200 S. Compton 22c. DATE SIGNED 12-15-58

23a. BURIAL, CREMATION, REMOVAL (Specify) Burial, 23b. DATE 12/17/58 23c. NAME OF CEMETERY OR CREMATORY SS. Peter & Paul Cemetery, 23d. LOCATION (City, town, or county) (State) St. Louis, Mo.

24. FUNERAL DIRECTOR Gebken-Benz Mortuary, 2842 Meramec St., St. Louis, 18, Mo. 25. DATE RECD. BY LOCAL REG. DEC 16 '58 26. REGISTRAR'S SIGNATURE Carl Smith MD

(Licensed Embalmer's Statement on Reverse Side)

USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE

MEDICAL CERTIFICATION

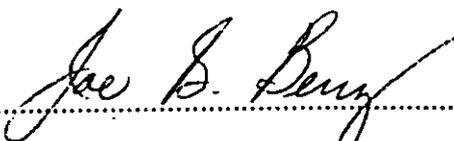
Doctor, coroner, etc. must use only standard nomenclature in their reports. No symbols will be used. All diseases in Part I must be causally related.

300
1-57

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 me, Student Embalmer No. working under my personal supervision.

Student
Signature of Student Embalmer

Signed 

Licensed Embalmer No. 4249
2842 Meramec S
P. O. Address St. Louis, 18,

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.