

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

58-046698

STATE FILE NUMBER

FILED JAN 6 1958

Registration District No. 317

Primary Registration District No. 541

Registrar's No. 3327

300
1-57

1. PLACE OF DEATH a. COUNTY <u>St. Louis</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE <u>Mo.</u> b. COUNTY <u>St. Louis</u>	
b. CITY OR TOWN <u>Clayton</u>		c. CITY OR TOWN <u>Wellston 4301</u>	
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION <u>St. Louis County</u>		d. STREET ADDRESS (If outside, give location) <u>1414 Evergreen</u>	
3. NAME OF DECEASED (Type or print) First <u>Oscar</u> Middle <u>Temmm</u> Last <u>Temmm</u>		4. DATE OF DEATH Month <u>12</u> Day <u>24</u> Year <u>1958</u>	
5. SEX <u>Male</u>	6. COLOR OR RACE <u>White</u>	7. MARRIED <input type="checkbox"/> NEVER MARRIED <input type="checkbox"/> WIDOWED <input checked="" type="checkbox"/> DIVORCED <input type="checkbox"/>	8. DATE OF BIRTH <u>Oct. 28, 187C</u>
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Plumber retired</u>		11. BIRTHPLACE (City and state or country) <u>St. Louis Mo.</u>	12. CITIZEN OF WHAT COUNTRY? <u>U.S.A.</u>
13a. FATHER'S NAME <u>Alex J. Temm</u>		14. NAME OF HUSBAND OR WIFE <u>Unk.</u>	
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <u>no</u>		17. INFORMANT Address <u>Sylvester Temm Rt. 1, Troy, Mo.</u>	
18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).) PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) <u>NEURO CIRCULATORY COLLAPSE</u> DUE TO (b) <u>ARTEROSCLEROTIC HEART DISEASE</u> DUE TO (c) <u>GENERALIZED ARTERIOSCLEROSIS</u> PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a) <u>BILATERAL INGUINAL HERNIA</u>			INTERVAL BETWEEN ONSET AND DEATH <u>4200</u>
20a. ACCIDENT <input type="checkbox"/> SUICIDE <input type="checkbox"/> HOMICIDE <input type="checkbox"/>		20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18.)	
20c. TIME OF INJURY Hour <u>a.m.</u> Month, Day, Year <u>p.m.</u>			
20d. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		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 <u>12-17-1958</u> to <u>12-24-58</u> and last saw her alive on <u>12-24-1958</u> Death occurred at <u>7:01 p.m.</u> on the date stated above; and to the best of my knowledge, from the causes stated.			
22a. SIGNATURE <u>D. B. Holley</u> (Degree or title) <u>M.D.</u>		22b. ADDRESS <u>601 S. Brentwood, Clayton</u>	
		22c. DATE SIGNED <u>12-25-58</u>	
23a. BURIAL, CREMATION, REMOVAL (Specify) <u>Removal</u>		23b. DATE <u>Sat. 27, 1958</u>	
23c. NAME OF CEMETERY OR CREMATORY. <u>Calvary Cemetery</u>		23d. LOCATION (City, town, or county) (State) <u>St. Louis, Mo</u>	
24. FUNERAL DIRECTOR ADDRESS <u>Ortmann F H 9222ackland</u>		25. DATE RECD. BY LOCAL REG. <u>12-26-58</u>	
		26. REGISTRAR'S SIGNATURE <u>Herbert R. Donle MD</u>	

(Licensed Embalmer's Statement on Reverse Side)

USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE

MEDICAL CERTIFICATION

All diseases in Part I must be causally related.

89.

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

Al C Ostmann

Licensed Embalmer No. *3478*

P. O. Address.....

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.