MISSOURI DIVISION OF HEALTH — STANDARD CERTIFICATE OF DEATH

-61-019535
STATE FILE NUMBER

AMENDED

Registration District No. 318 Primary Registration District No. 1003 Registrar's No. 4950

FILED JUN 8 1961

1. PLACE OF DEATH
a. COUNTY: St. Louis, Mo

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

b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN: St.Louis — Length of stay in 1b: Life

c. CITY OR TOWN: St.Louis — Inside Limits: Yes [X] No [ ]

c. FULL NAME OF HOSPITAL OR INSTITUTION (If NOT in hospital, give location): 6029 Clemens Ave. — Inside Limits: Yes [X] No [ ]

d. STREET ADDRESS (If outside, give location): 6029 Clemens Ave. — Reside on Farm: Yes [ ] No [ ]

3. NAME OF DECEASED (Type or print): First: Mona Middle: V. Last: Temm

4. DATE OF DEATH: Month: May Day: 25th., Year: 1961

5. SEX: F.

6. COLOR OR RACE: W.

7. Married [X] Never Married [ ] Widowed [ ] Divorced [ ]

8. DATE OF BIRTH: 8/25/1877

9. AGE (last birthday): 83 — IF UNDER 1 YEAR: Months / Days — IF UNDER 24 HR: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Housewife

10b. KIND OF BUSINESS OR INDUSTRY:

11. BIRTHPLACE (City and state or country): St.Louis,Missouri

12. CITIZEN OF WHAT COUNTRY: U.S.

13a. FATHER'S NAME: Henry Franke

13b. MOTHER'S MAIDEN NAME: Mary Smith

14. NAME OF HUSBAND OR WIFE: Dr.Louis N.Temm

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: Dr.Louis N.Temm, Address: 6029 Clemens Ave.

18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).

PART I. DEATH WAS CAUSED BY:

O.K. Joseph M. Jessen Deputy Coroner 6-6-61

IMMEDIATE CAUSE (a): unknown - history of ~~cardiac failure~~ pulmonary edema — INTERVAL BETWEEN ONSET AND DEATH: 30 min?

Conditions, if any, which gave rise to above cause, stating the underlying cause last. DUE TO (b): ~~pulmonary~~ cardiac failure? — 30 min?

DUE TO (c): 434.2 old age

PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a): None to my knowledge

PART III. If deceased was female was there a pregnancy in last 90 days. [ ] Yes [X] N. [ ] Unknown

19. WAS AUTOPSY PERFORMED? YES [ ] NO [X]

20a. ACCIDENT [ ] SUICIDE [ ] HOMICIDE [ ]

20b. DESCRIBE HOW INJURY OCCURRED (Enter nature of injury in PART I or PART II of item 18): No injury to my knowledge

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

20d. INJURY OCCURRED WHILE AT WORK [ ] 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 Recently dead when I arrived at 3:00 AM - May 25-61, to and last saw her/him alive on

Death occurred at 3:00 am. m on the date stated above, and to the best of my knowledge, from the causes stated.

22a. SIGNATURE (Degree or title): Robert Rainey MD

22b. ADDRESS: 100 N. Euclid St. Louis, Mo

22c. DATE SIGNED: May 25-61

23a. BURIAL, CREMATION, REMOVAL (Specify): Burial

23b. DATE: 5/26/1961

23c. NAME OF CEMETERY OR CREMATORY: Calvary Cemetery

23d. LOCATION (City, town, or county) (State): St.Louis,Missouri

24. FUNERAL DIRECTOR: Arthur J. Donnell — ADDRESS: 3840 Lindell Blvd.

25. DATE RECD. BY LOCAL REG.: MAY 25 1961

26. REGISTRAR'S SIGNATURE: Karl Smith, M.D.

AMENDMENTS ON THIS RECORD ARE AS FOLLOWS: ITEM NO. | SHOULD READ | INSTEAD OF | DATE AMENDED | BY AFFIDAVIT OF DOCUMENT

MEDICAL CERTIFICATION

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_____ Signed _____

Signature of Student Embalmer

Licensed Embalmer No. 4699

P. O. Address 3870 Lindell

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.