

**MISSOURI STATE BOARD OF HEALTH  
BUREAU OF VITAL STATISTICS  
CERTIFICATE OF DEATH**

Do not use this space.

13371

**1. PLACE OF DEATH**

County..... Registration District No. **791**  
Township..... Primary Registration District No. **1003**  
City **St. Louis** (No. **5215 Cabanne**) St. \_\_\_\_\_ Ward \_\_\_\_\_

File No. \_\_\_\_\_  
Registered No. **3615**

**2. FULL NAME**

**Christina Marie Teiber**  
(a) Residence. No. **5215 Cabanne Ave 12** Ward. \_\_\_\_\_  
(Usual place of abode) \_\_\_\_\_ (If nonresident give city or town and State)

Length of residence in city or town where death occurred **40** yrs. mos. ds. How long in U.S., if of foreign birth? **40** yrs. mos. ds.

**PERSONAL AND STATISTICAL PARTICULARS**

3. SEX **female** 4. COLOR OR RACE **white** 5. SINGLE, MARRIED, WIDOWED OR DIVORCED **widowed**

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF **Joseph Teiber**

6. DATE OF BIRTH (MONTH, DAY AND YEAR) **Dec 7 1866**

7. AGE **60** YEARS **4** MONTHS **6** DAYS If LESS than 1 day, \_\_\_\_\_ hrs. or \_\_\_\_\_ min.

8. OCCUPATION OF DECEASED  
(a) Trade, profession, or particular kind of work **Home work**  
(b) General nature of industry, business, or establishment in which employed (or employer) \_\_\_\_\_  
(c) Name of employer **at home**

9. BIRTHPLACE (CITY OR TOWN) **Koblenz Germany**  
(STATE OR COUNTRY)

10. NAME OF FATHER **Berhard Maue**

11. BIRTHPLACE OF FATHER (CITY OR TOWN) **Koblenz**  
(STATE OR COUNTRY) **Germany**

12. MAIDEN NAME OF MOTHER **Don't know**

13. BIRTHPLACE OF MOTHER (CITY OR TOWN) **Germany**  
(STATE OR COUNTRY)

14. INFORMANT **Dr. F. M. Teiber**  
(Address) **5215 Cabanne**

15. FILED **APR 15 1927** **Max L. Starnesoff**  
REGISTRAR

**MEDICAL CERTIFICATE OF DEATH**

16. DATE OF DEATH (MONTH, DAY AND YEAR) **April 13 1927**

17. I HEREBY CERTIFY That I attended deceased from **Feb 15**, 19**27**, to **Feb 15**, 19**27**, that I last saw her alive on **April 13**, 19**27**, and that death occurred, on the date stated above, at **10** m.

THE CAUSE OF DEATH WAS AS FOLLOWS:

**Acute nephritis and uremia**  
**115**  
**130** (duration) \_\_\_\_\_ yrs. **3** mos. \_\_\_\_\_ ds.  
CONTRIBUTORY **thrombotic Lacrippa**  
(SECONDARY) (duration) \_\_\_\_\_ yrs. \_\_\_\_\_ mos. **7** ds.

18. WHERE WAS DISEASE CONTRIBUTED IF NOT AT PLACE OF DEATH? **HB**

DID AN OPERATION PRECEDE DEATH? \_\_\_\_\_ DATE OF \_\_\_\_\_

WAS THERE AN AUTOPSY? \_\_\_\_\_

WHAT TEST CONFIRMED DIAGNOSIS? \_\_\_\_\_

(Signed) **J. L. Squires**, M. D.

**4-14, 1927** (Address) **4064 Olive**

\*State the DISEASE CAUSING DEATH, or in deaths from VIOLENT CAUSES, state (1) MEANS AND NATURE OF INJURY, and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

19. PLACE OF BURIAL, CREMATION, OR REMOVAL **Cabary** DATE OF BURIAL **4-16 1927**

20. UNDERTAKER **Arthur J. Donnelly** ADDRESS **2039 Wash St**

THIS IS A PERMANENT RECORD

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important.

