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

Do not use this space.

11412

1. PLACE OF DEATH

County ..... Registration District No. 791

Township ..... Primary Registration District No. 10C

City St. Louis, (No. St. Anthony Hospital St. ..... Ward)

File No. .....

Registered No. 3254

2. FULL NAME Mary Teppe.

(a) Residence. No. 3434 Osage Street St., 15 Ward. (If nonresident give city or town and State)
(Usual place of abode)

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

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. COLOR OR RACE	5. SINGLE, MARRIED, WIDOWED OR DIVORCED (*write* the word)
Female	White	Widowed

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF Alphonse Teppe.

6. DATE OF BIRTH (MONTH, DAY AND YEAR) August 12, 1869

7. AGE YEARS	MONTHS	DAYS	If LESS than 1 day, ... hrs. or ..... min.
58	7	8	

8. OCCUPATION OF DECEASED

(a) Trade, profession, or particular kind of work At home

(b) General nature of industry, business, or establishment in which employed (or employer) .....

(c) Name of employer

9. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) St. Libory, Ills.

PARENTS

10. NAME OF FATHER Hermann Wuebben

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

12. MAIDEN NAME OF MOTHER Angela Bruns.

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

14. INFORMANT Alphonse H. Teppe
(Address) 3434 Osage Street.

15. FILED 3 22 1928 Max C Starling REGISTRAR

4 **MEDICAL CERTIFICATE OF DEATH** 3

16. DATE OF DEATH (MONTH, DAY AND YEAR) Mar-20-1928

17. I HEREBY CERTIFY, That I attended deceased from Mar-12-, 1928, to Mar-20-, 1928 that I last saw her alive on Mar-19-, 1928, and that death occurred, on the date stated above, at 1:50 A m.

THE CAUSE OF DEATH* WAS AS FOLLOWS:

Carcinoma of Pharynx with Metastases 150 45 93 107

From history (duration) yrs. 3 mos. ds.

CONTRIBUTORY (SECONDARY) chronic myocarditis

Bronchial pneumonia (duration) — yrs. — mos. 2 ds.

18. WHERE WAS DISEASE CONTRACTED IF NOT AT PLACE OF DEATH? Do not Know

DID AN OPERATION PRECEDE DEATH? Yes. DATE OF 3/17/28

WAS THERE AN AUTOPSY? No —

WHAT TEST CONFIRMED DIAGNOSIS? Clinical findings

(Signed) Eric Fischel, M. D

3/22, 1928 (Address) 400 Metropolitan Bl.

*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	DATE OF BURIAL
SS. Peter & Paul Cemetery	Mar. 23 1928

20. UNDERTAKER	ADDRESS
J. H. Gibbons L. & M. Co	2842 Meramec

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.