

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

Do not use this space.

16844

**1. PLACE OF DEATH**

County Linn  
Township Park  
City Near McClure (No. \_\_\_\_\_)

Registration District No. 052  
Primary Registration District No. 6120

File No. \_\_\_\_\_  
Registered No. 11  
St. \_\_\_\_\_ Ward \_\_\_\_\_

**2. FULL NAME**

John H. Teutenberg  
(a) Residence. No. \_\_\_\_\_ St. \_\_\_\_\_ Ward \_\_\_\_\_  
(Usual place of abode) (If nonresident, give city or town and State)

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 Male 4. COLOR OR RACE White 5. SINGLE, MARRIED, WIDOWED OR DIVORCED (write the word) Married

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF Ara E Teutenberg

6. DATE OF BIRTH (MONTH, DAY AND YEAR) Aug 6 1870

7. AGE	YEARS	MONTHS	DAYS	IF LESS than 1 day, _____ hrs. or _____ min.
	<u>60</u>	<u>8</u>	<u>23</u>	

**8. OCCUPATION OF DECEASED**

(a) Trade, profession, or particular kind of work Teacher 9<sup>th</sup>  
(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) Pittsburg PA

10. NAME OF FATHER Lewis Teutenberg

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

12. MAIDEN NAME OF MOTHER Don't Know

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

14. INFORMANT (Address) Ara E Teutenberg  
Milan Mo

15. FILED 5-2 19 21 Bertha McClure  
REGISTRAR -

**MEDICAL CERTIFICATE OF DEATH**

16. DATE OF DEATH (MONTH, DAY AND YEAR) Apr 29 1931

17. I HEREBY CERTIFY, That I attended deceased from Feb. 22, 1931, to April 29, 1931 that I last saw him alive on April 28, 1931, and that death occurred, on the date stated above, at 10:20 a.m.

**THE CAUSE OF DEATH WAS AS FOLLOWS:**

Bronchial pneumonia  
107A  
135A (duration) \_\_\_\_\_ yrs. \_\_\_\_\_ mos. 3 ds.  
CONTRIBUTORY Primary Sepsis (SECONDARY) (duration) \_\_\_\_\_ yrs. \_\_\_\_\_ mos. \_\_\_\_\_ ds.

18. WHERE WAS DISEASE CONTACTED? IF NOT AT PLACE OF DEATH. 107A

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

18 WAS THERE AN AUTOPSY? 0

WHAT TEST CONFIRMED DIAGNOSIS? (Signed) J. S. Montgomery M. D.  
Apr. 29, 1931 (Address) Milans Mo.

\*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  
Muslay Cem. Ber of h. C. May 1 1931

20. UNDERTAKER (Address) C. J. Schoene Milan Mo.

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.

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

MAY 27 1931

