WRITE PLAINLY, WITH UNFADING INK—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.

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

Do not use this space.

1. PLACE OF DEATH

County ..... Registration District No. 761 1003 File No. 33158

Township ..... Primary Registration District No. ..... Registered No. 10061

City St Louis Mo. (No. St Lukes Hosp St. ..... Ward)

2. FULL NAME Frederick W. Tebbe.

(a) Residence. No. 5548 Emerson ave St., 7 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)
Male	White	Widowed

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

6. DATE OF BIRTH (MONTH, DAY AND YEAR) March 26 - 1864

7. AGE	YEARS	MONTHS	DAYS	If LESS than 1 day, ... hrs. or ..... min.
	67	6	1	

8. OCCUPATION OF DECEASED
(a) Trade, profession, or particular kind of work Truck Gardner
(b) General nature of industry, business, or establishment in which employed (or employer)
(c) Name of employer

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

PARENTS
10. NAME OF FATHER Fred Tebbe
11. BIRTHPLACE OF FATHER (CITY OR TOWN) Germany
(STATE OR COUNTRY)
12. MAIDEN NAME OF MOTHER Not known
13. BIRTHPLACE OF MOTHER (CITY OR TOWN) Germany
(STATE OR COUNTRY)

14. INFORMANT Fred. Tebbe.
(Address) 5548 Emerson ave.

15. FILED SEP 29 1931 Max C. Starkloff REGISTRAR

MEDICAL CERTIFICATE OF DEATH

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16. DATE OF DEATH (MONTH, DAY AND YEAR) Sept. 27. 1931

17. I HEREBY CERTIFY, That I attended deceased from Sept. 25, 1931, to Sept. 27, 1931, that I last saw him alive on Sept. 26, 1931, and that death occurred, on the date stated above, at 5:30 a. m.

THE CAUSE OF DEATH* WAS AS FOLLOWS:
Cholecystitis - Acute.
Cholelithiasis.
(duration) yrs. mos. 3 ds.

CONTRIBUTORY (SECONDARY) Myocarditis - Chronic.
Pneumonia - Broncho.
(duration) yrs. mos. 2 ds.

18. WHERE WAS DISEASE CONTRACTED
IF NOT AT PLACE OF DEATH 5548 Emerson.
DID AN OPERATION PRECEDE DEATH? Yes. DATE OF Sept. 26. 1931
WAS THERE AN AUTOPSY? Yes.
WHAT TEST CONFIRMED DIAGNOSIS? Autopsy
(Signed) Omar R. Levin, M. D.
Sept. 27. 1931 (Address) 1017 Beaumont Bldg.

*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
Friedens	Sept 30 1931
20. UNDERTAKER	ADDRESS 1407
Hy Leidner Und Co.	N. Market St