

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

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SEP 25 1934 BUREAU OF VITAL STATISTICS
CERTIFICATE OF DEATH

Do not use this space.

31553

1. PLACE OF DEATH

County

Township

City

Registration District No.

Primary Registration District No.

File No.

Registered No.

St.

Ward

2. FULL NAME

(a) Residence, No.

(Usual place of abode)

St.

Ward.

(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 W 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) Married

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Aug 7 - 1860

7. AGE YEARS 74 MONTHS 9 DAYS 2 If LESS than 1 day, hrs. or min.

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Real-estate

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. dealer

10. Date deceased last worked at this occupation (month and year) 11. Total time (years) spent in this occupation.

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) California

13. NAME William - Tegethoff

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

15. MAIDEN NAME Amie - Doss

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

17. INFORMANT (ADDRESS) John Tegethoff 7470 - Beardsdale or Clayton

18. BURIAL, CREMATION, OR REMOVAL PLACE Calvary DATE Aug 11 1934

19. UNDERTAKER (ADDRESS) Edw. P. Howard + Son 4211 - St. Louis ave

20. FILED Aug 10 1934 Lena V. Maclellan Registrar.

2 MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Aug 9 1934

22. I HEREBY CERTIFY, That I attended deceased from Nov. 5 1933 to Aug 9 1934

I last saw him alive on Aug 9 1934. Death is said to have occurred on the date stated above, at 5:30 p.m.

The principal cause of death and related causes of importance were as follows:

Chronic Myocarditis
131
93c
161
Date of case! 11/1/33

Other contributory causes of importance:

Interstitial Nephritis (chronic) 11/5/33

23. If death was due to external causes (violence), fill in also the following: Name of operation None Date of None

What test confirmed diagnosis? Chemical Was there an autopsy? No

24. Was disease or injury in any way related to occupation of deceased? If so, specify None

(Signed) Arthur W. Westrup M. D.

(Address) Wichita Grove - Mo

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JUN 28 1945