OCT 24 1934

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

Do not use this space.

33969

File No.

Registered No. 213

1. PLACE OF DEATH

96 County St Louis — Registration District No. 785

Township Bonhomme — Primary Registration District No. 6031

City Near Valley Park No. Hillsboro Road St. Ward)

2. FULL NAME Otto Christian Tessmer

(a) Residence, No. Hillsboro Road St., Ward Near Valley Park Mo
(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 M

4. COLOR OR RACE W

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

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) 9 - 5 - 1866

7. AGE YEARS 66 68 MONTHS 0 DAYS 16 If LESS than 1 day, ...hrs. or ....min.

OCCUPATION

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

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

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) Bloomington Ill

FATHER

13. NAME Frank A Tessmer

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

MOTHER

15. MAIDEN NAME Louise Smith

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

17. INFORMANT (ADDRESS) Mrs Alice M Murphy Hillsboro Ave Valley Park

18. BURIAL, CREMATION, OR REMOVAL PLACE Oak Hill Cemt DATE Sept 22, 1934

19. UNDERTAKER (ADDRESS) Louis H Bopp Kirkwood, Mo.

20. FILED 9/21/ 1934 Agnes C Kelly Deph Registrar.

MEDICAL CERTIFICATE OF DEATH

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

22. I HEREBY CERTIFY, That I attended deceased from Sept 20th, 1934, to Sept 20th, 1934

I last saw him alive on Sept 20th, 1934. Death is said to have occurred on the date stated above, at 11.30 P m.

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

	Date of onset
Acute Myocarditis	9/20/1934
93A	

93 a

Other contributory causes of importance:

Sudden death

Name of operation None Date of

What test confirmed diagnosis? None Was there an autopsy? No

23. If death was due to external causes (violence), fill in also the following:

Accident, suicide, or homicide? Date of injury, 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place.

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No

If so, specify

(Signed) F. P. Dunn, M. D.

(Address) Valley Park Mo

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.

100M-11-24-33