MAR 12 1936

MISSOURI STATE BOARD OF HEALTH
BUREAU OF VITAL STATISTICS
CERTIFICATE OF DEATH 791

Do not use this space.

8199

1. PLACE OF DEATH

County ..... Registration District No. 1003 File No. .....

Township ..... Primary Registration District No. ..... Registered No. 1878

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

2. FULL NAME Florence M. Teppe

(a) Residence, No. 4218 Olivia Ave. 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: Female
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: Alphonse H. Teppe.

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Oct. 15, 1895.

7. AGE: YEARS 40 | MONTHS 4 | DAYS 3 | If LESS than 1 day, ... hrs. or ..... min.

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. At home
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) St. Louis, Mo.

FATHER

13. NAME Lawrence F. Padberg.
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) St. Louis, Mo.

MOTHER

15. MAIDEN NAME Margaret Tiefenbrunn.
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) St. Louis, Mo.

17. INFORMANT (ADDRESS) [signature] 4218 Olivia Ave.

18. BURIAL, CREMATION, OR REMOVAL PLACE SS. Peter & Paul Cem. DATE Feb. 21, 1936.

19. UNDERTAKER (ADDRESS) J. H. Hebken L & U Co. 2842 Meramec St.

20. FILED FEB 20 1936 19 J. F. Bredeck Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Feb. 18, 1936

22. I HEREBY CERTIFY, That I attended deceased from June 18, 1935, to Feb 18, 1936. I last saw h. u alive on Feb 18, 1936 Death is said to have occurred on the date stated above, at 4 07 P m.

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

Carcinoma of the right Breast

50

Date of onset

Other contributory causes of importance:

Secondary metastasis to lungs. Cardiac failure

Name of operation ..... Date of .....

What test confirmed diagnosis? ..... Was there an autopsy? .....

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? .....

If so, specify .....

(Signed) John W. Holz, M. D.

(Address) 607 N Grand.

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.