

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

35836
Do not use this space.

9413

NOV 15 1937

1. PLACE OF DEATH

(a) County..... Registration District No.....
 (b) Township..... Primary Registration District No.....
 (c) City St. Louis, Mo. (d) Street No. 4871 Farlin Ave. St. _____
 (If death occurred in Hospital or Institution, write its name instead of street and number)
 (e) Length of residence in city or town where death occurred yrs. mos. ds. (f) How long in U.S., if of foreign birth? yrs. mos. ds.

2. PRINT FULL NAME Willimine Tecklenberg.

(a) Residence, No. 4871 Farlin Ave. St. 7 (If nonresident, give city or town and State)
 (Usual place of abode, if no street address, write county or city)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX Female. 4. COLOR OR RACE White. 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) Widow.

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) July 14, 1859.

7. AGE	YEARS	MONTHS	DAYS	If LESS than 1 day, hrs. or min.
<u>78.</u>		<u>2.3.</u>	<u>23.</u>	

8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc.
 9. Industry or business in which work was done, as saw mill, bank, etc. At Home.
 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) Chester Ill.

FATHER

13. NAME Ernest Schrader.
 14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Germany.

MOTHER

15. MAIDEN NAME Unknown.
 16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Germany.

17. INFORMANT (ADDRESS) Mrs. I May 4871 Farlin Ave.

18. BURIAL, CREMATION, OR REMOVAL PLACE St. Peters. DATE Oct. 11, 1937

19. FUNERAL DIRECTOR (ADDRESS) Math Hermann & Son. 2161 East Fair Ave.

20. FILED OCT 8 1937 J. F. Bredbeck Local Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Oct. 17, 1937.

22. I HEREBY CERTIFY, That I attended deceased from April 17, 1937, to Oct 7, 1937
 I last saw her alive on Oct 7, 1937 Death is said to have occurred on the date stated above, at 11.30 A.M.
 The principal cause of death and related causes of importance were as follows:
Cerebral Hemorrhage
Cerebral Venous Sinus Thrombosis
Arteriosclerosis
 Date of onset _____

Other contributory causes of importance:
95

Name of operation _____ Date of _____
 What test confirmed diagnosis? Physicist 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) Nancy L. Coertsoff
 (Address) 2743 71 Grand

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.

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STATEMENT BY LICENSED EMBALMER

I, Leonard Hampton Licensed Embalmer No. 2967

hereby certify that the body recorded on the reverse side of this certificate was embalmed by ME

..... L. E.

No. or by Registered Apprentice No.
working under my personal supervision.

Signed Leonard Hampton
Licensed Embalmer No. 2967

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license.)