

JUN 21 1938

DEC'D JUL 7 1938

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

22913
Do not use this space.

1. PLACE OF DEATH

(a) County St. Louis Registration District No. 784

(b) Township Richmond Heights Primary Registration District No. 111

(c) City Rich. Hgts. (d) Street No. 7157 Wise Ave. St. St. Louis, Mo.
(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 Charlotte Teuteberg 316

(a) Residence, No. 2529 W. University St. St. St. Louis, Mo.
(Usual place of abode, if no street address, write county or city) (If nonresident, give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX Female

4. COLOR OR RACE White

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

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Dec. 19, 1864

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

73 6 - -

OCCUPATION

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

9. Industry or business in which work was done, as 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) Germany - Hanover 6

FATHER

13. NAME Mr. Koenig 6

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Germany 6

MOTHER

15. MAIDEN NAME UNKnown

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

17. INFORMANT (ADDRESS) Mrs. Henry Ellersiek
7157 Wise Ave.

18. BURIAL PLACE Hiram Cemetery DATE June 22, 1938

19. FUNERAL DIRECTOR (NAME) (ADDRESS) Wm. M. Schumacher
4834 Natural Bridge, St. Louis, Mo.

20. FILE JUN 21 1938 T. R. Meyer M. D. Dill
Local Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) June 19, 1938 19

22. I HEREBY CERTIFY, That I attended deceased from Oct 1st, 1935 to June 19, 1938

I last saw her alive on June 19, 1938 Death is said to have occurred on the date stated above, at 5:15 P.M.

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

Cerebral Hemorrhage

Ch. Interstitial Nephritis

Other contributory causes of importance: 121

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 D. A. Thomson M. D.

(Signed) D. A. Thomson M. D.

(Address) 3121 N. Grand! Bl.

WHITE PLAINLY WITH UNFADING INK---THIS IS A PERMANENT RECORD

X-14023

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.

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me,

John Ketter

....., or by

Registered Apprentice No., working under my personal supervision.

Signed

John Ketter

Licensed Embalmer No. *3880*

P. O. Address

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.)

If this body is not embalmed, above space should be left blank.