REC'D JUN 12 1939

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

16539
Do not use this space.

791
1003
4073

1. PLACE OF DEATH

(a) County 2 Registration District No.
(b) Township 1 Primary Registration District No. Registered No.
(c) or City St. Louis (d) Street No. 2619 Rauschenbach 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 53 yrs. mos. ds. (f) How long in U. S., if of foreign birth? yrs. mos. ds.

455

2. PRINT FULL NAME Charles M. Tellman

(a) Residence, No. 2619 Rauschenbach Ave. St. 20
(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	4. COLOR OR RACE	5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (*write* the word)
Male	White	Married

5A. IF ~~MARRIED, WIDOWED, OR DIVORCED~~ HUSBAND OF (OR) WIFE OF Husband of Lydia Tellman

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Nov. 10, 1888

7. AGE	YEARS	MONTHS	DAYS	If LESS than 1 day, ...hrs. or ....min.
	50	5	21	

OCCUPATION
8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc. Meat Cutter
9. Industry or business in which work was done, as saw mill, bank, etc. Meat Market
10. Date deceased last worked at this occupation (month and year) Apr. 1939
11. Total time (years) spent in this occupation 30

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Unk. Germany

FATHER
13. NAME Henry Tellman
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Unk. Germany

MOTHER
15. MAIDEN NAME Elizabeth Varwig
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Unk. Germany

17. INFORMANT (ADDRESS) Mrs. Lydia Tellman 2619 Rauschenbach Ave.

18. BURIAL, CREMATION, OR REMOVAL
PLACE Jeff. Barr'cks DATE May 4 1939

19. FUNERAL DIRECTOR (NAME) (ADDRESS) Suedmeyer & Sons 3934 N. 20th St.

20. FILED MAY 2 1939 J. F. Budick (Local Registrar)

MEDICAL CERTIFICATE OF DEATH

No Attending Physician

21. DATE OF DEATH (MONTH, DAY, AND YEAR) May 1, 1939

22. I HEREBY CERTIFY, That I attended deceased from ....., 19....., to ....., 19.....
I last saw h..... alive on ....., 19..... Death is said to have occurred on the date stated above, at 3:30 P.m.
The principal cause of death and related causes of importance were as follows:

	Date of onset
Coronary Sclerosis	
Chronic Adhesive Pericarditis	

Other contributory causes of importance:
Oedema of Brain

Name of operation ..... Date of ..... Yes
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? No
If so, specify .....
(Signed) Joseph M. Quinn, M.D.
(Address) Deputy Coroner

(Licensed Embalmer's Statement on Reverse Side)

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.

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FEB 5 1945

FEB 8 1945

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, or by Geo. P. Schubert, Registered Apprentice No. ..... working under my personal supervision.

Signed Geo. P. Schubert

Licensed Embalmer No. 2212

P. O. Address 5118 N. Kingshighway

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.