

REC'D AUG 14 1939

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

Do not use this space.

26662

1. PLACE OF DEATH

9-7 County St Charles Registration District No. 757 File No. 99
Township _____ Primary Registration District No. 3036 Registered No. _____
City ST. CHARLES (No. ST. JOSEPH HOSPITAL) St. _____ Ward _____

2. FULL NAME

256 Alinda F. Teckemeier
(a) Residence, No. _____ St. _____ Ward. WRIGHT C. 17 190
(Usual place of abode) (If nonresident, give city of 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 <u>F.</u>	4. COLOR OR RACE <u>W</u>	5. SINGLE, MARRIED, WIDOWED OR DIVORCED (write the word) <u>Married</u>
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF <u>Alvin Teckemeier</u>		
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) <u>Aug 22 1889</u>		
7. AGE YEARS <u>49</u>	MONTHS <u>10</u>	DAY <u>18</u>
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. <u>Housewife</u>		11. Total time (years) spent in this occupation
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)		
12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>Warren Count</u>		
13. NAME <u>Chas Bolliger</u>		
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>Warren Co.</u>		
15. MAIDEN NAME <u>Lettie Temming</u>		
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>Warren Co.</u>		
17. INFORMANT (ADDRESS) <u>Mrs. Myrtle Singer 703 8 1/2 St., Poplar, Ill.</u>		
18. BURIAL, CREMATION, OR REMOVAL PLACE <u>Wright City Cem</u> DATE <u>7/12 1939</u>		
19. UNDERTAKER (ADDRESS) <u>Nielson, Und. Co. Wright City Mo.</u>		
20. FILED <u>JULY 10 1939</u> <u>Blanche S. Shaver</u> Registrar.		

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) JULY 10, 1939

22. I HEREBY CERTIFY, That I attended deceased from 7-8, 1939, to 7-10, 1939
I last saw h. or alive on 7-10, 1939. Death is said to have occurred on the date stated above, at 10 P. m.
The principal cause of death and related causes of importance were as follows:
Malignant hypertension
uræmia
Date of onset _____
Other contributory causes of importance:
cardiac failure
Name of operation _____ Date of _____
What test confirmed diagnosis? _____ 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? _____
If so, specify _____
(Signed) Dr. J. H. ... M. D.
St. Joseph Hospital
St. Charles, Mo.
679 (Address)

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FILL IN ANSWERS TO ALL SPACES
CHECKED IN RED PENCIL.

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1. PLACE OF DEATH

(a) County St Charles Registration District No. 757

(b) Township _____ Primary Registration District No. 3036 Registered No. _____

(c) City St Charles (d) Street No. _____ (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 Olinda F Teckemeier

(a) Residence, No. Bright City, Mo. St. (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 7 4. COLOR OR RACE W 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) M

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF Alvin Teckemeier

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

7. AGE	YEARS	MONTHS	DAYS	If LESS than 1 day, hrs. or min.
	<u>49</u>	<u>10</u>	<u>18</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.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) 7-10-1939

22. I HEREBY CERTIFY, That I attended deceased from July 8 1939 to July 10 1939

I last saw him alive on July 10 1939 Death is said to have occurred on the date stated above, at 10:15 a.m.

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

malignant Hypertension (date of onset 12/1)

Chronic nephritis

Chronic myocarditis

Other contributory causes of importance: Cardiac failure

Name of operation _____ Date of _____

What test confirmed diagnosis? Laboratory 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) D. J. Marfayette, M. D.

(Address) St Charles Mo

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Mo.

FATHER

13. NAME Charles BOLLIGAN

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

MOTHER

15. MAIDEN NAME Lottie Dunning

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

17. INFORMANT Alvin Teckemeier (ADDRESS) Bright City, Mo.

18. BURIAL, CREMATION, OR REMOVAL PLACE Bright City DATE July 10 1939

19. FUNERAL DIRECTOR Neiburg (ADDRESS) Bright City, Mo.

20. FILED _____ Local Registrar.

REGISTRARS SHALL NOT RECEIVE A FEE FOR CERTIFICATES UNTIL THEY ARE COMPLETED AS PRESCRIBED BY LAW.

S-26662

1939