

REC'D SEP 12 1939

 MISSOURI STATE BOARD OF HEALTH
 BUREAU OF VITAL STATISTICS
 3
 CERTIFICATE OF DEATH

28587

Do not use this space.

815

1. PLACE OF DEATH
- (a) County Duchesne Registration District No. 35
- (b) Township State Hosp #2 Primary Registration District No. R.C.M. Registered No. 815
- (c) City Joseph Mo (d) Street No. State Hosp #2 St.
- (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 Jennie Teplitz
- (a) Residence, No. 3409 Olive St. C. Mo St. Kansas City 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 F 4. COLOR OR RACE W 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) married

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF Isaac Teplitz

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

7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min. about 61

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

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) Russia 7

FATHER 13. NAME Jegdar Neust 7

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Russia 9

MOTHER 15. MAIDEN NAME Neust

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

17. INFORMANT (ADDRESS) State Hospital #2 Joseph Mo

18. BURIAL, CREMATION, OR REMOVAL PLACE R.C. Mo DATE 8-7 1939

19. FUNERAL DIRECTOR (NAME) (ADDRESS) J.P. Louis, Funeral Home 3400 Woodland, R.C. Mo

20. FILED Aug 6 1939 H.J. Nestlebusch Local Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) 8-6-1939

22. I HEREBY CERTIFY, That I attended deceased from June 24, 1939, to Aug 6, 1939

I last saw him alive on Aug 5, 1939. Death is said to have occurred on the date stated above, at 2:40 am.

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

Cerebral arteriosclerosis Date of onset 6-24-37

Other contributory causes of importance: Chronic Myocarditis July

Name of operation none Date of ✓

What test confirmed diagnosis? Aut Was there an autopsy? NO

23. If death was due to external causes (violence), fill in also the following: Accident, suicide, or homicide? NO Date of injury _____, 19____

Where did injury occur? none (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place.

Manner of injury None

Nature of injury _____

24. Was disease or injury in any way related to occupation of deceased? NO

(Signed) Dr. Neumann & B.E.M. M. D.

(Address) State Hospital #2 Joseph Mo

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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,

Richard L. Lewis

....., or by

Registered Apprentice No....., working under my personal supervision.

Signed.....

Richard L. Lewis

Licensed Embalmer No. *3110*

P. O. Address

Kansas City

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.