

Registration District No. 791 Primary Registration District No. \_\_\_\_\_

1. PLACE OF DEATH:

(a) County \_\_\_\_\_  
(b) City or town St. Louis  
(If outside city or town limits, write "RURAL" and name of township)  
(c) Name of hospital or institution:  
3914 Bay St.  
(If not in hospital or institution, write street number or location)  
(d) Length of stay: In hospital or institution \_\_\_\_\_  
(Specify whether \_\_\_\_\_)  
In this community \_\_\_\_\_  
years, months or days

3. (a) PRINT FULL NAME Emma Teichmann  
3. (b) If veteran, \_\_\_\_\_ name war \_\_\_\_\_  
3. (c) Social Security No. \_\_\_\_\_

4. Sex Female 5. Color or race white  
6. (a) Single, widowed, married, divorced widowed  
6. (b) Name of husband or wife Herman Teichman  
6. (c) Age of husband or wife if alive \_\_\_\_\_ years  
7. Birth date of deceased April 14 1857  
(Month) (Day) (Year)

8. AGE: Years 82 Months 9 Days 19  
If less than one day \_\_\_\_\_ hr. \_\_\_\_\_ min.

9. Birthplace Germany  
(City, town, or county) (State or foreign country)

10. Usual occupation at home

11. Industry or business \_\_\_\_\_

12. Name Fred Bohne

13. Birthplace Germany  
(City, town, or county) (State or foreign country)

14. Maiden name Emma Unknown

15. Birthplace Germany  
(City, town, or county) (State or foreign country)

16. (a) Informant's own signature Mrs. Matha Timmer

(b) Address 3914 Bay St.

17. (a) Burial (b) Date thereof 2-7-40  
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Concordia Cem.

18. (a) Signature of funeral director Witt Brodsky

(b) Address 2929 S. Jefferson Av.

19. (a) FEB 5 1940 (b) J. J. Brudick  
(Date received local registrar) (Signature)

(Date received local registrar) (Signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State 770 (b) County \_\_\_\_\_  
(c) City or town St. Louis 24  
(If outside city or town limits, write "RURAL")  
(d) Street No. 3914 Bay St.  
(If rural, give location)  
(e) If foreign born, how long in U. S. A.? 55 years.

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Feb day 3rd  
year 1940 hour 4:20 minute \_\_\_\_\_ M.

21. I hereby certify that I attended the deceased from Jan 30,  
1940 to Feb 3, 1940  
that I last saw her alive on Feb 3, 1940  
and that death occurred on the date and hour stated above.

Immediate cause of death Acute Arteriosclerosis Duration 4 days

Due to \_\_\_\_\_

Due to \_\_\_\_\_

Other conditions Intermittent  
(Include pregnancy within 3 months of death)

Major findings: Senility 106a

Of operations \_\_\_\_\_

Of autopsy \_\_\_\_\_

PHYSICIAN

Underline the cause to which death should be charged statistically

22. If death was due to external causes, fill in the following:

(a) Accident, suicide, or homicide (specify) \_\_\_\_\_

(b) Date of occurrence \_\_\_\_\_

(c) Where did injury occur? \_\_\_\_\_ (City or town) (County) (State)

(d) Did injury occur in or about home, on farm, in industrial place, in public place? \_\_\_\_\_

While at work? \_\_\_\_\_ (Specify type of place) (or) Means of injury \_\_\_\_\_

23. Signature J. J. Brudick (M. D. or other) \_\_\_\_\_

Address 7702 Hoover Date signed 2/5/40

CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. N.B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state

**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.....

*Paul A. Shanklin*, Registered Apprentice No. ....  
working under my personal supervision.

Signed *Paul A. Shanklin*

Licensed Embalmer No. *3472*

P. O. Address *9998 Jaffer*

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

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