

FILED APR 8 1940
Registration District No. 782

Primary Registration District No. 200

Registrar's No. 624

1. PLACE OF DEATH:

(a) County Saint Louis.
 (b) City or town Kinloch
 (If outside city or town limits, write "RURAL" and name of township)
 (c) Name of hospital or institution Warwick near Lix Ave
 (If not in hospital or institution, write street number or location)
 (d) Length of stay: In hospital or institution 2
 (Specify whether years, months or days) 12 years
 In this community 212

3. (a) PRINT FULL NAME WILLIAM TEETERS

8. (b) If veteran, name war none 8. (c) Social Security No. none

4. Sex Male 5. Color or race Col. 6. (a) Single, widowed, married, divorced Widowed

6. (b) Name of husband or wife Julia Turner 6. (c) Age of husband or wife if alive deceased years

7. Birth date of deceased 2 15 1850
 (Month) (Day) (Year)

8. AGE:	Years	Months	Days	If less than one day
	<u>90</u>	<u>1</u>	<u>14</u> hr. min.

9. Birthplace St. Charles Co. MO. 5
 (City, town, or county) (State or foreign country)

10. Usual occupation Plasterer
Building

11. Industry or business

MOTHER FATHER
 { 12. Name unknown
 18. Birthplace unknown ? 7
 (City, town, or county) (State or foreign country)
 { 14. Maiden name unknown
 15. Birthplace unknown ? 7
 (City, town, or county) (State or foreign country)

16. (a) Informant's own signature George Teeters
 (b) Address Warwick near Lix Ave, Kinloch

17. (a) Burial (b) Date thereof 4 1 1940
 (Burial, cremation, or removal) (Month) (Day) (Year)
 (c) Place: burial or cremation Augusta Missouri.

18. (a) Signature of funeral director Boyd Brothers
 (b) Address Lix & Stanza Aves, Kinloch Mo.

19. (a) MAR 31 1940 (b) W. Meyer
 (Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri. (b) County St. Louis
 (c) City or town Kinloch.
 (If outside city or town limits, write "RURAL")
 (d) Street No. Warwick near Lix Ave.
 (If rural, give location)
 (e) If foreign born, how long in U. S. A. _____ years.

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month 3 day 29
 year 1940 hour 7 minute 300 A.M.

21. I hereby certify that I attended the deceased from 12-19
1939 to 3-28-40 1940
 that I last saw him alive on 3-28 and that death occurred on the date and hour stated above.

Immediate cause of death Chronic interstitial nephritis Duration Year or more.

Due to _____

Due to _____

Other conditions (Include pregnancy within 3 months of death) 131

Major findings: Of operations _____

Of autopsy _____

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? 797

While at work? _____ (Specify type of place)
 (e) Means of injury _____

23. Signature W. Meyer (M.D. or other) _____

Address Kinloch, Mo. Date signed _____

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.....

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

Signed.....

Licensed Embalmer No.....

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.