No. 2
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-17-39
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DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

MISSOURI STATE BOARD OF HEALTH

STANDARD CERTIFICATE OF DEATH

State File No. 733

Registration District No. 794 FEB 25 1941

Primary Registration District No. 1003

Registrar's No. 733

WRITE PLAINLY—USE UNFADING BLACK INK—MAKE A PERMANENT RECORD

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: 1422 Penrose St. 1
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution None (Specify whether
In this community 83 Years
years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County 000

(c) City or town St. Louis 917
(If outside city or town limits, write "RURAL")

(d) Street No. 1422 Penrose St. 9
(If rural, give location)

(e) If foreign born, how long in U. S. A.? 83 Years 0 years.

3. (a) PRINT FULL NAME Christian W. Tettenhorst

3. (b) If veteran, name war None

3. (c) Social Security No. None

4. Sex Male

5. Color or race White

6. (a) Single, widowed, married, divorced Widower

6. (b) Name of husband or wife Mary Tettenhorst

6. (c) Age of husband or wife if alive ------- years

7. Birth date of deceased July 18, 1854
(Month) (Day) (Year)

8. AGE:

Years	Months	Days	If less than one day
86	5	2	hr. min.

9. Birthplace Germany 4
(City, town, or county) (State or foreign country)

10. Usual occupation Brick layer

11. Industry or business

MOTHER FATHER

12. Name Christian Tettenhorst

13. Birthplace 4 Germany
(City, town, or county) (State or foreign country)

14. Maiden name Unknown

15. Birthplace 4 Germany
(City, town, or county) (State or foreign country)

16. (a) Informant William Tettenhorst

(b) Address 1422 Penrose St.

17. (a) Burial (b) Date thereof 1/23/41
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Friedens Cemetery

18. (a) Signature of funeral director Math Hermann & Son

(b) Address 2161 East Fair Ave

19. (a) JAN 23 1941 (b) J F Bredeck
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month January day 20th
year 1941 hour 4:15 PM minute M.

21. I hereby certify that I attended the deceased from 2/16/, 1940, to 1/20/, 1941;
that I last saw him alive on 1/20/41, 19 ;
and that death occurred on the date and hour stated above.

	Duration
Immediate cause of death Chr Myocarditis	
c decompensation	1 yr.
Hypertension	2 yrs.
Due to arteriosclerosis	15 yrs
Due to	
Other conditions arthritis (Include pregnancy within 3 months of death)	
Senility	
Major findings: 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?
(Specify type of place)

While at work? (e) Means of injury

23. Signature R. W. Crossmun (M. D. or other) M. D.

Address 4011 Blair Ave Date signed 1/21/41

(Licensed Embalmer's Statement on Reverse Side)

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 William G. Buchhol

Licensed Embalmer No. 2110

P. O. Address St. Louis

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

If this body is not embalmed, fact should be so stated above.